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Evaluation Design

Evaluability Assessment of Family Preservation Programs

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EXECUTIVE SUMMARY

Family preservation programs, short-term, intensive, home-based services provided to families in crisis, are being viewed as **a** cost-effective approach to addressing some of the key concerns in child welfare. Predicated on fundamental **beliefs that: (1)** children are best nurtured and raised within their **own families and (2) families are most open to change** in their interactions when faced with an immediate outside threat, **such as foster care placement**, family preservation programs are believed to contain foster **care placements and costs**. While some form of intensive home-based service programs are provided in selected local jurisdictions in **38 states¹**, there is little scientific evidence that suggests that these programs are preventing unnecessary foster care placements for children at risk of imminent placement. Variability in program design, faulty implementation, and inadequate evaluation methodologies leave policymakers and program managers with many unanswered questions. The recent proposals before Congress to mandate the availability of funds for family preservation programs as well as the growing number of state family preservation program initiatives, makes it critical that questions concerning the efficacy and cost of family preservation programs be addressed.

The purpose of this study was to develop **an** evaluation design that can produce definitive findings on the issues of importance to child welfare policy decisionmakers. To this end, an evaluability assessment was conducted. Evaluability assessment (**EA**) is a descriptive **and** analytic process that produces a design(s) for conducting a program evaluation of use to policymakers and program managers. An evaluability assessment is designed to: **(1)** identify

¹ American Public Welfare Association, Factbook on Public Child Welfare Services and Staff. Washington, D.C. 1990.

of agreement and disagreement **as well as** those issues that remain unresolved; **(3)** describe the program operating environment and its affect on program implementation and evaluation; and, **(4)** develop an evaluation design that takes into account these factors in addition to **issues of data** availability and methodology.

This evaluability assessment included **a review of existing** documentation On family preservation programs and related evaluations, discussions with federal and state policymakers, private sector organizations and advocates, and telephone discussions **with** child welfare agency and family preservation program managers in ten states; in-depth cases studies of four family preservation programs; and formation of an advisory group of researchers and policymakers to review study findings and provide input on the formulation of an evaluation design. Although there are some differences of opinion among members of the advisory group, there is broad-based agreement on key elements of the resulting evaluation design.

While those **who** fund family preservation programs consider their primary goal to be the prevention of unnecessary foster care placement, currently there is considerable variability in existing family preservation programs concerning the targeting of families at risk of imminent foster care placement. Prior evaluations of family preservation programs indicate the placement rates for both the experimental and control groups were equally low, suggesting that **the families** studied did not have children at risk of imminent placement in foster **care.**² The findings of this evaluability assessment support the conclusion that family preservation services are not consistently targeted at families at risk of imminent placement

² Schuerman, John R., **Littell**, Julia H., and **Tina** L. Rtepnicki. Preliminary Results from the Illinois Family First Experiment. The Chapin Hall Center for Children at the University of Chicago. Chicago, ill. 1991.

Yuan, Ying Ying T. evaluation of AB 1562 In-Home Care Demonstration Projects. Volumes I and II., Walter **R.** MacDonald and Associates, Inc., Sacramento, Ca. 1990.

but may be provided to families with varying levels of risk. Thus, the primary goals intended by policymakers cannot be achieved.

The child welfare system in which family preservation programs operate is a "worker-driven" system. Risk of imminent placement is not operationally defined and child protective service workers usually have considerable latitude in determining the appropriateness of making a referral for family preservation services or deciding upon other case actions. Workers may decide to refer cases that are not at imminent risk of placement, in order to secure services that would otherwise be unavailable. In other instances, a decision to refer a case for family preservation services may be made before it is clear that foster care placement was the only other viable option. Furthermore, there is relatively little control exerted by the system over individual worker decisions regarding referral for family preservation service. Thus, an evaluation design for family preservation programs must incorporate a mechanism for ensuring that the program is actually serving the intended target population (imminent risk families) in order to determine the effectiveness of the program.

This and other findings of the evaluability assessment also point to broader issues within the child welfare system that should be examined. For example, there is a need to conduct further research regarding decision-making and Quality control in child welfare systems.

As a consequence of such findings about the child welfare systems, the recommended evaluation design contains two components — one for addressing the specific questions raised by policymakers concerning family preservation programs and one for examining child welfare system decision-making. The design for evaluating family preservation programs is discussed first, followed by an overview of the issues and general study approach for examining child welfare decision-making.

Evaluation **Design for Family Preservation** Programs

The proposed evaluation design is based on random assignment cases determined to be at risk of imminent placement by a judge, child welfare agency attorney or senior program managers for the preliminary **purpose of measuring reduction in foster** care placements and related costs. The key elements in a evaluation design for family preservation programs are as follows:

- **Increase the degree of certainty of imminent risk for cases in the study:** Since child welfare systems do not routinely ensure that families referred for family preservation services are at risk of imminent placement, selected project sites for an evaluation must be willing to adjust their referral procedures during the evaluation period to achieve a greater degree of certainty regarding imminent foster care placement. Possible procedures would include random assignment of cases after a court approval of placement, a review by an agency legal department to determine if they would petition the court for placement, or a review by a senior management or expert panel to determine the appropriateness of the preliminary decision to seek placement. If appropriate **modifications** to the system cannot be made, the proposed evaluation should be terminated. Should this occur, policymakers will need to re-examine their **expectations** regarding the ability of family preservation to reduce foster care placements and related expenditures.
- **Randomly assign cases to treatment and control groups:** Although problems with implementing a design based on random assignment of cases to either a treatment or control group have been noted by program managers, it is the approach most likely to address key questions concerning foster care avoidance and cost savings. If random assignment is not feasible, an overflow model might be an acceptable alternative for establishing a control group under certain conditions (e.g., the number of potential cases exceed program capacity, referral patterns are not influenced by knowledge of availability of program slots).
- **Ensure the evaluation does not compromise the safety of children:** Under a random assignment model, steps must be taken to ensure the safety of the children served. Therefore, child welfare agencies must be able to exempt cases from random assignment when the risk to the child's safety would be too great to allow the child to remain at home. This **design** would not preclude providing the usual child welfare services including foster care placement for children in the control group.
- **Select measures of program outcome that are consistent with policymakers' goals for the program:** Key measures of program outcome are the differences

between the treatment and control groups on rates of foster care, the number of days in foster care, and the total costs associated with all services and/or placements. These outcomes should be monitored for a minimum of 18 months. Also, efforts should be made to gather data on types of placement settings and examine any differences, such as the rate of relative placements.

All stakeholders expressed an interest in examining other outcome measures relating to child and family functioning. Such measures must be an integral part of any future evaluation; however, identifying unbiased measures that are simple to administer may pose some problems. Wherever possible, measures that do not rely on subjective assessments of the child or family should be used. Recommended measures would focus on the child and may include subsequent allegations of abuse or neglect, truancy rates, runaway episodes, and measures of health status (e.g., immunizations).

One other key measure of family functioning that should be examined is a reduction in social isolation or improved linkages to other services.

- A preliminary evaluation should limit the range of program models examined: Although stakeholders did not always agree on the range of family preservation programs of interest and included in the scope of a national evaluation, policymakers believe that these programs most closely resemble the family preservation program designed by the Behavioral Sciences Institute (**BSI**). While it ultimately would be useful to compare a wider variety of home-based service delivery models, an initial evaluation should focus on programs that are of similar design and are consistent with the highly-intensive, short-term service delivery model developed by BSI.

Parameters for defining the scope of family preservation programs included in an initial evaluation consist of the following: caseload sizes of a maximum of four families per caseworker; provision of services for a maximum of eight weeks; provision of a minimum of five hours of service per week in the home or other community setting; and availability of services during evening and weekend hours.

- Programs should not use additional case eligibility criteria during the evaluation: Some programs have criteria for case acceptance that exclude cases that are not considered likely to benefit from service (e.g., caretakers with a substance abuse or mental health problem). Although it is understandable that programs may not want to expend limited family preservation resources on cases that they do not believe will benefit most from the service, presently there are no data on which to base such a decision. Therefore, for evaluation purposes, it is preferable to evaluate programs that have few eligibility restrictions beyond those concerning the risk of imminent placement. Subsequent analyses of outcomes for different subpopulations can then provide an objective basis for refining eligibility criteria.

- **Sample sizes should be of sufficient size to permit site-specific analyses with the statistics¹ power desired by policymakers:** Given the degree of variability across program sites, data should not be aggregated across program sites. However, if family preservation services are available from more than one provider, it may be possible to aggregate the data across service providers if the outcomes appear similar. Required sample sizes should be determined by the minimum statistical power necessary to be acceptable to policymakers. For example, in order to detect a change in placement rates from 80 percent to 70 percent, using a five percent level of significance and assuming an attrition rate of ten percent, a total sample size of 660 cases per site would be required.

A key component of the analysis should be to determine whether or not there are differences in the outcomes achieved for different subpopulations.

Evaluation of Child Welfare System Decision-Making

Evaluation designs that focus on the broader context of decision-making in a child welfare system are also needed. Two approaches that could be combined in a single study are feasible. First, in states with sophisticated computer systems that link data on child protective service investigations, with referrals for home-based services and foster care placements and costs, analysis of aggregate statistical data could address questions concerning the role of formal criteria as well as demographic and other case characteristics in decision-making. The second approach involves a qualitative analysis of the decision-making process based on extensive interviews with administrators and workers about the factors that are examined in determining whether or not a case is closed, referred for ongoing protective or preventive services, referred for family preservation or placed in foster care. The focus of this analysis is to determine not only formal criteria for decision-making but, more importantly, the informal criteria, belief systems, resource or program constraints or external factors that play a role in determining case actions.

CHAPTER I

INTRODUCTION

A. Background

Although there is no single definition of a family preservation **program**, the term is typically defined as short-term, intensive, home-based services provided to families in crisis for the purposes of ensuring child safety, strengthening families' ability to **care** for their children, and thereby preventing unnecessary foster care placement. While such programs **have** been in existence since the early **1970s**, current interest in these programs has reached unprecedented levels. At present, there is legislation pending in Congress which would authorize federal funding for the development of family preservation programs and evaluations of the outcomes of these programs.

Family preservation programs evolved from the concerns of many child welfare professionals that children are unnecessarily separated from their families and placed in foster care when the provision of home-based services could prevent the need for placement. They believe that children are best raised within their own families and that government policies and funding should be used to enhance the capabilities of families to adequately care for their children rather than focus on foster care placements. Furthermore, the majority of children who enter foster care are eventually returned home. Separating children from their parents is traumatic for the child and family and ultimately does not provide opportunities **for improving parenting skills**.

Existing federal funding streams provide financial reimbursement for foster care placement (for AFDC and SSI-eligible children) but not for the provision home-based services, thus creating incentives to utilize foster care rather home-based services as a means for

addressing child maltreatment problems. Nevertheless, foundations, state and local governments and federal research and demonstration funds **have** been used to develop family preservation program models on a limited basis.

More recently, interest in these programs has increased as a result of several factors. First, the number of children placed in foster care has increased rapidly in recent years. Data from the Voluntary Cooperation Information System (**VCIS**) from the end of FY 1987 indicated that there were 300,000 children in foster care. **By the end of FY 1990 the number had risen to 405,888 children** in foster care. (**Tatara**, 1992). As a consequence of this **increase**, federal payments under Title IV-E, **as well as** state expenditures, continue to **rise**. **Family preservation is** viewed as a means of reducing both the number of foster care children and the cost of their care.

Second, there has been a growing concern about the lack of available foster parent resources. Changing socio-demographic characteristics of the general population, the increasing complexity of the problems and needs of foster care children, and agency policies and practices all contribute to the declining availability of foster parents. Consequently, child welfare agencies have a very practical need to limit the **use of** an increasingly scarce resource.

As states and localities have developed family preservation programs, numerous evaluations of these programs have been undertaken (**AuClaire** and Schwartz, 1986; Wald et al., 1988; Yuan, 1990; Feldman, 1991; Fraser, Pecora, and Haapala, **1991**). In fact, some would argue that such programs have received far more scrutiny than other components of the child welfare system (e.g., foster care). However, much of the evaluation research conducted to date has provided ambiguous answers about the effectiveness of family preservation programs. Many of the early evaluations of family preservation programs focused solely on the outcomes of children and their families who received family preservation

services. While these evaluations generally showed low rates of foster care placement for those who received services, the lack of an adequate comparison or control group precluded attributing low placement rates to the program intervention. Other evaluation efforts endeavored to include comparison groups, but the treatment and comparison groups were seldom comparable. More recently, evaluations have been conducted which have employed random assignment procedures for establishing the experimental **and control** groups (**Schuerman** et al., 1990; Yuan, 1990); however, the low rates of placement experienced by both the experimental and control groups **in these evaluations raise questions about the** appropriateness of the families targeted for services during the study.

Thus, despite numerous evaluation efforts, state and local agencies have expanded resources to develop family preservation programs without having determined whether or not they are effective in meeting the goals established by policymakers. The proposed federal legislation includes plans for further program expansion as well as more definitive evaluations of program outcomes.

B. Purpose of This Study

As noted above, the current popularity of family preservation programs is the result of their perceived ability to address issues of concern in the child welfare arena: a lack of resources to strengthen families' ability to care for their children, increasing foster care placements, increasing costs, and a lack of foster care resources. While family preservation programs are intrinsically appealing, there is little concrete **evidence** to suggest that these programs are **achieving** their goals. Variability in program design, faulty implementation, and inadequate evaluation methodologies leave policymakers and program managers with many unanswered questions.

Evaluability assessment (EA) is a descriptive and analytic process that provides a design(s) for conducting a program evaluation(s) of use to both policymakers and program managers. The EA methodology is especially useful when a program's goals are not clearly delineated and agreed upon by key decisionmakers and stakeholders; when there is potential conflict between these goals and other public policies; and when the measures of success are not operationally defined. When there are plans to further develop and expand the program, the argument for conducting an EA is even more compelling. Thus, the evaluability assessment was intended to meet the following objectives:

- Identify differing goals with regard to program objectives, clients to be served, and evaluation methodologies among the many stakeholders involved in family preservation;
- Clarify areas of agreement, disagreement, as well as areas that are undefined and unresolved;
- Define the environment in which family preservation programs are implemented and identify the ways in which this impacts 'program operations and its evaluation;
- Propose realistic measures of programmatic effectiveness that take into account the factors listed above; and
- Develop a family preservation evaluation design **that** takes into account **all** of these factors.

To meet these objectives the following major activities were conducted during this project.

- An Intergovernmental Workgroup and a Technical Advisory Panel of experts, researchers, and policymakers were formed to provide input into the formulation of the policy model governing family preservation programs, identification of the scope of future evaluation efforts, and feedback on study findings and deliverables.
- Discussions with federal agency and congressional staff as well as national private sector organizations were held for the purpose of identifying the

expectations of national **policymakers** concerning the definition of family preservation programs, the scope of services provided, appropriate target **populations**, and expected program outcomes.

- Family preservation programs currently operating in different states were identified and described. Telephone discussions were held with child **welfare** agency staff in ten states to obtain a description of their family preservation programs.
- In-depth site visits to four family preservation programs (Tacoma, Washington; Montgomery County, Maryland; Detroit, Michigan, and Allamakee County, Iowa) were conducted for the purpose of developing models of family preservation program operations, obtaining input from state and local level policymakers on expected outcomes of family preservation programs, and exploring the feasibility of implementing future evaluation designs.
- Potential sites for implementation of a future evaluation were **also investigated**.

Based on the completion of the activities, there are two final study products: (1) an evaluation design document that sets forth recommendations for future federal evaluations of family preservation programs; and (2) a forthcoming final report that documents the study findings concerning the operations of family preservation programs and the child welfare environment in which they operate, and examines the areas of agreement and disagreement in defining, operating, and evaluating family preservation efforts.

C. Purpose and Scope of This Document

This evaluation design is the first of the two final study products described above. The document is intended to define a recommended approach for future federal evaluation efforts of family preservation programs. It is based on an examination of prior evaluation efforts, the findings of the discussions with federal officials, other child welfare policymakers and program managers, and the findings of the four case studies. The recommended evaluation design incorporates input provided by the Intergovernmental Workgroup and Technical Advisory Panel (see the appendix for a list of the members). Although there was general agreement on

evaluation objectives and issues, the specific viewpoints of the study participants did differ. Key areas of disagreement are noted in this document; however, the final report of the study will contain a more complete discussion of the various concerns raised with regard to future evaluation efforts.

In Chapter II of this report, a discussion of the key evaluation design issues and recommendations is presented. Chapter III presents the proposed evaluation design and Chapter IV contains a plan for implementing the evaluation. . . .

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CHAPTER II

EVALUATION DESIGN ISSUES

As ~~expected~~, the description of family preservation programs provided by policymakers, program managers, and those who actually operated programs varied considerably. ~~The~~ differences noted in some areas have ~~crucial~~ implications for the evaluation design. The ~~evaluation~~ design set forth in this document is predicated on evaluating program models that ~~are~~ designed to operate in a manner consistent with the ~~expectations~~ of policymakers. If program models cannot be adjusted during the evaluation to ensure that the intended population is served, then policymakers may need to re-examine their expectations regarding foster care avoidance and related cost savings. Key findings of the evaluability assessment that affect evaluation design issues are summarized below.

A. Definition of Family Preservation Programs

1. Issue

There is no single, uniformly accepted definition of a family preservation program. Each state or county currently operating a program that provides some form of intensive, in-home services in lieu of foster care placement is likely to label it a family preservation program. Of the state programs examined, variations were found on the following dimensions:

- 8 Caseload **Size:** In some programs caseworkers carried a caseload of two families while in others a caseload might contain as many as 12 cases.
- 8 Service Duration: Duration of services ranged from four weeks to four months;
- 8 Intensity of Service: Intensity of service varied from one or two hours per week to approximately ten hours per week:

- **Availability of Emergency Cash Assistance:** Some programs did not make funds available for **this** purpose, while other programs had as much **as** \$8500 per **family** available to address immediate family needs, such **as** food, clothing, furniture, payment of utility bills or a rental housing deposit.
- **Service Availability:** Some programs provided families with **24-hour** access to their caseworker while in other programs caseworkers worked normal **work** weeks and an emergency service could be reached by the family after normal work hours.

In considering the range of programs to be included under an evaluation of family preservation programs, key stakeholders expressed varied opinions. In general, most federal policymakers believed family preservation models are limited to those programs which provided very intensive, short-term services to families. The **program** model of Behavioral Sciences Institute (**BSI**) Homebuilders in Tacoma, Washington was often cited as the model for family preservation. The characteristics of the Homebuilders program were said to consist of **(1)** caseloads of two or three families, and **(2)** a service duration of four to six weeks.

Some involved in the delivery of services believed family preservation programs can be defined to encompass a broader range of program models that provide home-based services for the purpose of improving family functioning, and include enhanced child protective service systems that have lower caseloads and afford workers the time to provide more services.

2. Recommendation

While it would ultimately be useful to compare a variety of home-based service delivery models, an initial evaluation should focus on programs that are of similar design. Although the programs' need not be limited to those that claim to follow the Homebuilders model, the scope of programs included in an initial evaluation should be limited to those which:

- Serve a maximum of four families per caseworker;
- Provide services for a maximum period of eight weeks;
- Provide a minimum **average** of five hours of service per week in the home or other community **setting (e.g., non-office based setting); end**
- Provide services during non-traditional working hours including evenings and weekends.
- **Has access to flexible funds that can be** used to meet immediate concrete needs **of a family.**

The rationale for this approach is twofold. First, limiting the scope of **programs** evaluated is consistent with policymakers' perceptions of the program and the types of service delivery models that are likely to be funded in the future. Second, including a broad range of home-based services programs creates a larger number of variables that must be considered in interpreting findings. If evaluation resources are spread over vastly different service delivery models, then the ability to link observed outcomes to a specific service delivery model will be limited. Subsequent evaluations may eventually be warranted to determine whether less costly or less intensive approaches to home-based delivery can achieve similar results.

B. Program Goals and Outcome Measures

1. Foster Care Placement

a. Issue

When program goals are clearly and consistently defined and agreed upon by all stakeholders, the process of selecting outcome measures is relatively straightforward. Unfortunately, this is not the case for family preservation programs. Discussions held

throughout the project with various stakeholders point to some key areas of disagreement that have important implications for any future evaluation.

Although all agree that the goal of family preservation programs is to improve families' ability to adequately care for their children, those who fund programs (at the federal or state level and in the private sector) expect such improvements to be demonstrably linked to the prevention of unnecessary foster care placement. Although they are interested in other measures of child well-being and family functioning, evaluation designs that do not address the question of foster care avoidance and the resulting reduction in foster care costs would not provide all of the information needed to plan and allocate child welfare resources.

In contrast, many program managers, advocates, and direct service staff focus solely on the goal of improving family functioning and reject the measurement of foster care avoidance for a variety of reasons. Some are concerned that emphasizing foster care reduction reinforces the perception of foster care as a negative outcome. They question perceptions that there are a large number of unnecessary foster care placements and are concerned that efforts to achieve goals of foster care reduction could put some children at greater risk of harm. Others believe family preservation services should be available to all families with serious problems who could benefit from the services. If the goal of the program is foster care avoidance, then logically only families at risk of experiencing a foster care placement can be served. Other troubled families would not be eligible for services. Furthermore, foster care placement or its avoidance is based on decisions made by the child welfare agency and is not a direct outcome of family preservation efforts. Placement reduction may occur by changing agency placement policies rather than as a result of efforts to ensure a child's safety.

Some child welfare researchers who have been involved in prior evaluations of family preservation programs have other concerns. As discussed in greater detail below, these researchers do not believe that the child welfare system is, or could be, able to determine risk of imminent placement. Therefore, establishing goals of foster care avoidance are simply unrealistic and unmeasurable.

When the expectations of policymakers are not consistent with those of program managers and staff, outcome evaluations are not useful unless policymakers change their views about what programs can reasonably accomplish or program managers change the way the programs are designed and operated.

b. Recommendation

A future evaluation of family preservation programs should include all outcome measures of importance to the various stakeholders. This will require an evaluation design that is capable of measuring improved family functioning and foster care placement reduction.

Measuring foster care placement reduction requires some unique specifications to the evaluation design. Foster care placement reduction is an appropriate measure only when the families receiving family preservation services would otherwise have experienced a foster care placement. As discussed in further detail in Section C, this will require modifications to current practices for referring families for services.

2. Cost Effectiveness

a. Issue

Although reducing the need for foster care placement may be considered a positive outcome for children and families, it also has cost implications for child welfare systems. The

provision of family preservation services is typically presumed to be **less costly than out-of-home placement**; **however, cost estimates are based on comparing the reimbursement rate per family paid to a family preservation program with an average foster care payment rate for an estimated period of time (e.g., one year). Such calculations fail to consider:**

- **Actual foster care payment rates and lengths of stay per case;**
- **Actual costs of family preservation services per case;**
- **Costs of other purchased services that may be needed to supplement family preservation services or foster care placements; and**
- Caseworker time and indirect agency costs associated with monitoring cases receiving family preservation services and those placed in foster care.

b. Recommendation

A comparison of costs in the proposed evaluation should be based on case specific data for a sample of cases receiving family preservation services and those not receiving services. A cost model must be developed that delineates and captures all costs incurred for both case samples.

Costs of foster care should be calculated based on data from the experimental and control group cases on the number of days per placement episode; the number of episodes; and the actual maintenance payment made to each placement **source**. Costs for other services provided to families should also be calculated in the cost model, as should costs of worker time per case and court-related costs. Total costs for an experimental and control group could then be compared.

Analysis of cost data **for the evaluation should explore the** differences in cost between family preservation cases and those not receiving family preservation. Additional analyses of

the costs associated with various subpopulations receiving family preservation services should be undertaken to determine how services could be provided in a more cost-effective manner.

3. Child Well-Being and Family Functioning

a. issue

Services provided by family preservation programs are typically designed to address families' needs such as improved interactions among family members, identification of community services that can assist the family as well as reduce isolation, and alteration of behavior patterns that led to the crisis and the need for placement. The programs are also often designed to address concrete needs such as housing repairs and payment of utilities. Logically, provision of family preservation services is expected to ensure that children are safe, that their basic needs are met, that adult members of the family become better able to cope with crisis and seek help when they need it, and that overall parenting skills are improved.

Although there is little disagreement about the need to measure child and family outcomes, such measures are often difficult to implement. Assessments made by family preservation workers may be considered biased; yet it is often difficult for an independent evaluator to gain access to and acceptance by a family in order to collect baseline data, particularly at the onset of services but also at subsequent times after services have ended. Furthermore, the burden to both family preservation staff and the family as well as the costs of such efforts, suggest the need to be selective in identifying measures of child well-being and family functioning.

b. Recommendation

Emphasis should be placed on selecting measures of child safety and well-being as opposed to measures that examine parenting skills or other measures that focus on changes in the parent(s) for the following reasons:

- there are more measures of child well-being that are objective and easy to quantify;
- data will be gathered for all children regardless of placement Outcome. Comparable measures of child safety and well-being can be obtained for children who are placed in foster care as well as those who remain with their families. In contrast, measures of change in parenting skills or parent-child interaction cannot be obtained for families that experienced a foster care placement. In other words, parent measures are available for only a subset of families and cannot be measured independently of placement outcomes.
- Standardized scales which measure family functioning are often income or racially/culturally biased or may contain measures of family life that are not related to the issues that result in a child welfare agency's involvement with a family. (For example, the Home Environment Scale explores the frequency of family outings to museums or the number of books and magazines found in the home).

At a minimum, measures of child safety and well-being should include:

- Subsequent allegations and substantiated instances of abuse and/or neglect;
- 8 Truancy rates;
- Runaway episodes;
- School behavior and performance; and
- Measures of health status, including inoculations, weight, identification of developmental delays.

Some of the necessary data can be obtained from existing agency data systems or from unbiased third parties such as teachers. These data also can be supplemented by a parental or caretaker report of child behavior.

A key measure of family functioning should be a reduction in **social** isolation or improved linkages to other services. This measure was frequently cited by **child welfare** and family preservation managers and staff as a key indicator of success. **Family Preservation Programs** provide a very short-term service that cannot possibly 'fix' deeply **imbedded** Problems in a few weeks. Family preservation workers typically attempt to assist families in joining support groups and parenting programs, and accessing needed Substance abuse or other counseling services. In addition, they may encourage families to **re-establish** ties with immediate and extended family members, join churches or find other sources of informal support. Some measure of increased use of formal and informal support systems should be used in an evaluation.

Other possible areas of family functioning to measure include: parenting skills, coping skills, and home environment measures. In selecting appropriate measurement scales for evaluation purposes, consideration should be given to the burden to staff and families, potential biases of the reporting source, non-reporting bias for both the experimental and control groups, and appropriateness of the measure for child welfare populations.

C. **Definition of the Target Population**

Issues concerning appropriate target populations in an evaluation of family preservation **services** include:

- Definition of the target population as families with at least one child at risk of imminent foster care placement; and
- Establishment of other criteria for program eligibility.

1. Imminent Risk

a. Issue

The issue of determining the degree of risk of foster care placement is **perhaps** the most critical problem affecting future evaluation efforts. Most of the **policymakers** and state level program managers with whom we **spoke indicated that they** expected family preservation programs to serve families at risk of imminent foster care placement. Yet discussions with referring child protective service staff, family preservation program staff, and some child welfare administrators suggest that this is not always the case. There are several reasons for this problem, including:

- Risk of foster care placement cannot be objectively assessed by a caseworker. Although various risk assessment tools may be helpful in determining the severity of the problem and the potential for serious harm to a child, these factors alone do not determine risk of foster care placement. Attitudes of the child welfare agency and the courts toward placement, availability of foster care resources, availability of alternative services, willingness of the family to accept services, and attitudes of individual **workers** and their supervisors toward placement will also affect placement decisions. The decision to refer **a case** for family preservation services may be made during the early stages of investigation and before there is any certainty that placement would occur.
- **The** lack of a clear definition of imminent risk also may reflect underlying philosophical differences in the way program managers and staff perceive which types of families can benefit from **family** preservation services. Rather than focusing on cases in which child protective services would seek a court order for removal, program managers and staff may consider a family eligible if they have characteristics associated with a general "high-risk" profile (e.g., single, young parent living in poverty). Workers may simply seek to make the **best** possible services available to any family they serve whether or not they truly meet the program criteria. Furthermore, worker attitudes and experience **vary** concerning situations in which foster care can be safely avoided. Fear of child fatalities and the resulting negative agency publicity may preclude referral of imminent risk families.
- The child welfare system is a "worker driven system,"* in that there is little oversight or quality control over case decisions made by workers and their supervisors regarding referrals for family preservation services. In the sites examined during this study, decisions regarding placement and referral to family preservation were made by the worker. Although supervisory approval was

necessary to **request a** court-ordered placement in all sites, most Staff and supervisors acknowledged that this was usually a formality. Furthermore, not all sites required supervisory approval for other types of decisions, such as referral **to** a family preservation program.

The implications of this problem for an outcome evaluation are clear. **If cases** referred for family preservation services were not at risk of imminent placement at the time they were referred for family preservation services, then measures of reduction in foster care placements are inappropriate. Prior evaluation efforts comparing families randomly assigned to receive family preservation services or to a control group found no differences between the groups in the rate of foster care placement. In addition, the rates of placement were extremely low for both groups. If the cases that were evaluated actually had been at risk of imminent placement, then the rate of placement (at least for the control group) should have been much higher.

The lack of an appropriate target population raises several programmatic and evaluation issues. Family preservation programs tend to serve only a limited number of families. If families who are not at risk of imminent placement are served, it is likely that only a few or even none of the families at risk of imminent placement will receive family preservation services. Not only does this violate the intent of the program, it diminishes the ability of the evaluation to determine the effectiveness and cost savings of the program to its fullest extent. Moreover, the inability to accurately distinguish families at risk of imminent placement from other troubled families complicates subsequent analysis of the findings. If the programs served families with varying, but identifiable, degrees of risk of imminent placement, subsequent analysis of the cost-effectiveness of family preservation services for different subpopulations would be feasible. However, it is not possible to establish the degree of risk based on worker referrals. Without the ability to classify families along this dimension,

outcomes for **cases at risk of imminent placement cannot be distinguished** from outcomes for families who were not at risk.

b. Recommendation

Programs to be evaluated must be able to demonstrate that the process of referring **families** for family preservation services ensures that these families would otherwise have experienced a foster care placement. Plans are currently underway in Michigan **and** New York **to** alter referral processes to provide a greater guarantee of selecting cases at risk of imminent placement (at least for evaluation purposes). In Michigan, judges in Wayne **County** have agreed to participate in an evaluation that would randomly assign cases to receive family preservation services or to a control group immediately **after** a court-order for foster care placement was granted. The evaluation is currently pending funding from the Edna McConnell Clark Foundation.

In **New York**, an evaluation of family preservation programs is underway. Caseworkers seeking to refer a case for family preservation services must obtain a review by the child welfare agency's legal staff that a court-ordered foster care placement would otherwise be pursued for the case. The outcome evaluation design was **to be** based on a comparison of cases (referred as a result of the above procedures) who received family preservation services and those who were referred for family preservation but could not be served because the family preservation program was full. At present, it has not been possible to implement the evaluation because the family preservation program has had enough slots available to serve all cases referred. Although the evaluation design has encountered problems, the procedure does ensure that families referred to family preservation are at risk of imminent placement. It is seen as a viable approach to the problem of identifying the intended target population.

In addition, in some of **the sites reviewed** in this study, program managers had grown increasingly aware of the problem of appropriate referrals to family preservation programs and the need to assess the problem and institute greater controls. Such sites would be **likely to consider modifying current referral practices for the purposes of an evaluation.**

Currently, caseworkers decide whether to refer a family for family preservation or place the child or children **in a foster care placement.** If the worker decides to refer a case for family preservation, there is no independent assessment within the child welfare system of the child's risk of imminent placement.³ Possible strategies to be employed during the evaluation should be predicated on the identification of at least one child who is at risk of placement and then determining **if the placement can be safely avoided. It is clear that there will** be cases where alternatives to foster care placement are not feasible (e.g., potential of harm to the child is too great, parental abandonment). All other cases should be considered candidates for family preservation and part of the pool of families whose outcomes are evaluated. Depending upon the circumstances in a particular child welfare agency, the following means for identifying the appropriate target population during the evaluation should be considered:

- Cases are referred for foster care and all procedures including obtaining a court order for placement are followed. Prior to selection of a specific placement setting a determination is made of the feasibility and safety of, diverting the family to family preservation. This procedure would require court cooperation as well as agency cooperation. Evaluators and program management would have to agree upon criteria for determining the feasibility and safety of diverting families. An estimated ceiling could be established on the percent of cases that could not be diverted from foster care.

³ Family preservation programs may review the question of imminent risk before accepting a case; however, it is difficult for these programs to challenge the caseworker's judgment on this matter.

- If gaining court cooperation is a problem, internal management review procedures could be used or established to determine the likelihood that a court-ordered placement would be sought and obtained. In child welfare agencies requiring an agency attorney to review and submit requests for court-ordered placements only those cases which have been subject to legal review and are ready for filing would be considered candidates for family preservation. The same procedures as described above would then be used for determining feasibility and safety of diverting the case from foster care.
- If no review system above that of a supervisory review is currently in place in an agency, a management review team could be established for this purpose. Such a team would need to be comprised of senior management and/or outside consultants who understand the importance of determining risk of imminent placement and can make accurate assessments on the probability of court-ordered placement.

In other words, a process must be established that reviews and modifies initial worker referrals. This is not to suggest that workers be ignored during the program evaluation. Instead, the procedures put in place during the evaluation can be viewed as an opportunity to identify appropriate referral criteria, provide workers with feedback on these criteria and create a forum for developing appropriate criteria and procedures that could be implemented after the evaluation period has ended. Although concerns have been raised that the procedures put in place in order to evaluate family preservation programs could not be implemented or adapted after the evaluation has ended, this is not necessarily true. In implementing the proposed evaluation design, alternative strategies for restructuring referral policies, practices and criteria (depending upon the findings) can be formulated. Child welfare staff at all levels can be brought into this process.

A second concern that has been raised by some stakeholders is that even the procedures described above cannot guarantee appropriate referrals for family preservation. Although those involved in a review process might simply "rubber stamp" worker referrals for family preservation services, a referral for foster care placement is likely to come under more scrutiny than referrals for any other form of service. Moreover, while child welfare workers

might bend referral criteria to secure family preservation services for a child that is not at risk of imminent placement, it is less likely that workers would risk having such a child placed in foster cars in the hope that they might be assigned to the experimental group and thus receive family preservation services. Although referral and random assignment procedures should be carefully monitored to ensure that procedures and criteria are implemented as planned, there is considerably less likelihood that this approach will be manipulated to any considerable extent.

2. Other Eligibility Requirements of Family Preservation Programs

a. Issue

Apart from requirements concerning risk of imminent placement, some programs have requirements that exclude certain kinds of cases because they believe there is a small likelihood of success. Some family preservation programs sought to exclude families in which the primary caretaker had a serious substance abuse problem and was not in a treatment program. Other programs have excluded families with extensive prior histories with the agency or other evidence of chronic problems such as mental illness.

While all family preservation programs examined in this study served families on a voluntary basis -- the family had to agree to participate, some programs (as well as referral workers) required families to be "motivated" to receive services. The latter term implies a need for an enthusiastic acceptance of services and may further exclude families from receipt of family preservation services.

Homebuilders and other programs following the Homebuilders model **state that** a family must be in "crisis" at the time services are offered. However, operationalizing the term "crisis" has also proved difficult. Rigid adherence to such a definition might preclude serving

families with long-standing problems. to avoid this problem, the prospect of the removal of a child from the family must itself be considered a crisis.

b. Recommendation

Although it is understandable that programs may not want to expend limited family preservation resources on cases which they do not believe are likely to succeed, there is presently no data on which to base such a decision. Therefore, for evaluation purposes, it is preferable to include programs that have few eligibility restrictions other than those concerning risk of imminent placement. Preferably, programs should serve **all families** with a child at risk of imminent placement who are willing to accept services and for whom the safety of the child in the home can be maintained with the family preservation intervention.

D. Evaluation Design Alternatives

Support for differing evaluation design strategies varied based on perceptions of the importance of key study issues. The evaluability assessment findings concerning **decision-making** referral practices within the child welfare system. raised overall concerns that went beyond the question of the effectiveness of family preservation programs. As a result, designs to address somewhat different issues emerged including a design for evaluating family preservation programs and a design for evaluating the child welfare system decision-making process.

1. Design for Evaluating Family Preservation Programs

a. Issue

Most stakeholders involved in child welfare research agree that an evaluation design employing random assignment of families with a child judged to be at risk Of imminent foster care placement is the most preferred method for determining program effectiveness in reducing foster care placement.

Traditionally, program managers and staff have difficulty accepting this model. However, some program managers with whom we spoke are amenable to cooperating with such a design: however, they point out the serious difficulties that may be encountered in securing the cooperation of agency staff. Those who argue against random assignment believe that it is unethical for the agency to deny services to needy families. Typically, this objection is countered by the reality that in most child welfare environments only limited family preservation resources are available and therefore, not all eligible families are served. Thus, random assignment is simply altering the way that existing resources are rationed.

Even managers and staff who accept the premise that service rationing exists without random assignment may be reluctant to accept a random assignment model. Instead, these managers and staff indicated they would accept a design that established a comparison group through an overflow model -- that is, by identifying families who were referred for services -- but not accepted because there were no vacancies in the family preservation program. As noted, this approach was planned in New York, but has yet to be successfully implemented.

Other design options that would employ a matched comparison group were also explored. This included the selection of a comparable county, or field office, in which no family preservation services were offered, or the random assignment of workers to groups who could and could not refer cases for family preservation services. A times series design

which would examine changes in **foster care** placement rates before and after the availability of family preservation services was also considered.

b. Recommendation

Despite the potential difficulties in **implementing a random assignment model**, it is the **approach most** likely to address key questions concerning foster **care avoidance and cost** savings. If random assignment is not feasible, an overflow model might be an acceptable alternative for establishing a control group. Under this experimental approach the control group would receive **the services otherwise planned for the child and family**. **Although, if the model** is established correctly, the majority of cases in the control group should enter foster care immediately. No service **other** than family preservation would be withheld from that child or family. This approach will ensure that children and families are adequately **protected** and served. Other approaches were less favorably viewed by members of the Intergovernmental Workgroup and Technical Advisory Panel for several reasons:

- Models that rely on, observing differences in aggregate statistics between counties or subgroups within a county do. not consider the relatively **small number** of cases served by family preservation programs. The ability to **observe** change in aggregate caseload data is-minimal.
- **Models that** rely on observing changes in outcomes across time fail to consider and account for other changes within the child welfare system that might explain differences in **observed outcomes**.

2. Design for Evaluating Child Welfare System Decision-Making

a. Issue

Still other design options that were less focused on foster care avoidance outcomes were considered. These designs were predicated on the belief that family preservation services cannot, and should not, be studied in isolation. The findings of the evaluability

assessment point to **broader issues within the child** welfare system that have **serious** Policy implications. These include **the process by which** decisions regarding foster **Care placement**, receipt of family preservation services or other services are made; the extent of unnecessary **foster care placements that are currently made; and the availability of** other services both **as** an alternative to family preservation **as** well as to supplement family preservation efforts.

To address these concerns evaluation models were proposed that would examine the child welfare system, including but not limited to family preservation services. These approaches included sampling cases from various components of the child welfare system and tracking them over a specified time period; using aggregate data to examine the flow and **timing of cases to different** service delivery components; and, conducting extensive interviews with caseworkers to understand the criteria and contextual factors affecting decision-making. Specific attention would be paid to the decisions concerning appropriate services and necessary placement and to the outcomes experienced by children and families under different service modalities (e.g., family preservation, ongoing protective services, foster care).

Models that address concerns about the lack of information on broader child welfare systems issues have not been rejected but should be addressed through supplements to the basic study design. Some of the proposed designs could be conducted simultaneously to the basic design. At **a** minimum, in jurisdictions with sophisticated child welfare tracking systems, cases from other service components of the child welfare system can be selected **and** tracked to determine case characteristics, service utilization patterns, placement decisions, and types of case outcomes. A process analysis can be expanded **to address other** issues of concern such as decision-making and availability of other services. **Analysis of cases included and excluded from the random assignment** pool can provide a minimum estimate of the rate of necessary placements.

b. Recommendation

A study of child welfare system decision-making is an important complement to an evaluation of family preservation programs and should be conducted independently of the proposed evaluation for family preservation programs. The recommended evaluation of family preservation programs **will** necessitate altering typical child welfare decision-making in order to select cases which are at risk of imminent placement. The study of child welfare system decision-making would be designed to further explore the decision-making as it naturally occurs within the system. The recommended approach for this study includes the following activities:

- Analysis of aggregate data to determine the flow and timing of case actions (openings, closings, transfers to ongoing child protective services, family preservation, other preventive service programs, and foster care).
- Intensive discussions with caseworkers to determine the complete range of factors affecting their decision-making and to review the decisions made in a sample of cases.

E. Length of Time Required For An Evaluation

1. **Issue**

Whether the measure of foster care avoidance or some measure of **family** functioning is used, the question concerning the length of time required to observe the intended outcomes remains to be addressed. Discussions with various stakeholders resulted in suggestions of the appropriate time frame ranging from one to two years.

If programs succeed only in achieving a short delay in a placement occurrence, questions arise about whether this result is cost-effective or beneficial to the child. On the other hand, family preservation is a short-term, crisis-oriented intervention. It does not appear

realistic to **assume that long-term outcomes can be attributed solely to the** services provided through the program. Furthermore, long-term success or failure may be more directly related to the availability of follow-up services than to the family preservation program.

2. Recommendation

As a preliminary measure, **18 months from** the time **a** family is assigned to the experimental or control group appears to be **a** reasonable length of time in which to ascertain most program outcomes. Documented **need** for, availability, and utilization of follow-up **services** should be examined in interpreting findings.

It will be important, however, to reconsider this time frame as data on the length of time cases remain open become available. This is particularly critical in determining cost savings. If the majority of cases are still open at the time of cost analysis, only “front-end” costs will be captured. The full extent of costs associated with long-term cases will remain unknown.

F. Sample Sizes

1. Issue

Developing adequate sample sizes may prove somewhat problematic. **Family** preservation programs in most jurisdictions are relatively small **and it is likely that the evaluation might** need to continue for several years in order to **achieve a reasonable sample** size. Variations **in the child welfare environment and the delivery of family preservation services** raise questions about the feasibility of aggregating data across program sites.

2. Recommendation

The required sample sizes should be determined by the minimum statistical power necessary to be acceptable to policymakers. Sample sizes should be sufficient to generate **the** desired degree of precision at each **program** site. Power analyses can be undertaken to determine the sample size needed. For example, in order to detect a change in placement rates from 80 percent to 70 percent, using a five percent level of significance, sample sizes of 300 cases per treatment and control group are needed to achieve statistical power of 80 percent. Thus, a final sample size of 600 cases per site is desired. However, sample attrition over the course of the evaluation must be considered. For outcome variables such as **out-of-home placement days and re-allegations of abuse and neglect, data can be obtained from existing child welfare data systems.** Thus, attrition will be minimal. For other measures (e.g., family functioning) that require ongoing contact with families, attrition rates will be higher. If attrition for only foster care placement and cost measures is considered, a ten percent attrition rate appears reasonable. Thus, initial samples of 660 cases **per site (330** in each of the control and treatment groups) should be drawn.

Although 660 cases should permit analyses of the outcome measures for the entire case sample, it may be *too* small to permit analysis of different subpopulations within the sample. Also analysis may be limited for some age-specific outcomes of child safety and well-being (e.g., truancy, receipt of immunizations). If resources are available, larger sample sizes should be considered.

Determining the appropriate sampling unit is also somewhat problematic. Since family preservation services are provided to the entire family, it would be logical to sample families; however, foster care placement is related to a specific child or children **in a family. Although, in some instances all children** in the family may be at imminent risk, **in others only one child**

might be at risk. If more than one child **in each family is included in the sample**, family characteristic data on each sampled child is not independent. To **avoid this problem**, the recommended approach to sample selection involves a two-step process. **First**, eligible **families are randomly** assigned to either the experimental or control group. **Children in each** families are then identified as at being or not being at risk **for imminent foster care placement**. **If more than one child is at imminent risk, then one of the children is randomly selected.**

G. Summary

Based on the issues discussed above, the parameters for an evaluation **design** would:

- Limit the range of programs examined to those that provide short-term, intensive, **home-based** services (maximum service duration of eight weeks, maximum caseloads of four families, minimum average of five hours per week of in-home services, **24-hour** access to family's caseworker).
- Include measures of program outcomes that focus on the main goal of family preservation programs -- foster care avoidance and associated cost-savings. Additional measures of child safety and well-being should be explored as should the ability of family preservation programs to link a family to formal and informal services and support systems. Where feasible, other measures of family functioning such as improvement in parenting skills should be measured.
- 8 Randomly assign families who meet the operational criteria for having at least one child at risk of imminent placement. This approach is necessary to measure the program outcomes of interest. Overflow models (i.e., those that select a comparison group from families who were not served due to lack of available family preservation services) can be considered in lieu of random assignment if no major differences in case characteristics between the treatment and comparison groups are found. Families in the control group would receive any services (including foster care) other than family preservation that are deemed appropriate.
- Reflect the fact that current referral policies and procedures in child welfare agencies do not ensure that cases referred for family preservation services are necessarily those at risk of imminent placement **nor do they assure that families with children** who are placed in foster care could not have had placement safely averted. **Therefore, implementation of a random assignment model must be accompanied by establishing a set of procedures for determining that cases referred for family preservation are those that would otherwise be placed in**

foster care. These procedures should involve selecting cases **for** assignment to the treatment or control group after there is a greater degree of certainty that foster care placement would actually occur. Possible procedures would include random assignment of cases approved by the **court** for placement, reviewed by an agency legal department to determine if they would petition the court **for placement, or reviewed by a senior** management/consultant panel to determine the appropriateness of the preliminary decision to seek placement. Cases **in which there was a determination that it was unsafe or not feasible** to avoid placement would be excluded from the evaluation and presumably placed in foster care.

CHAPTER III

. EVALUATION DESIGN

In this chapter an evaluation design for family preservation programs is presented. The design includes an overview of the study approach and a statement of the study objectives, research questions, and data collection methods. The design incorporates the recommendations on **key issues discussed** in the preceding chapter and further specifies other aspects of the evaluation.

A. Study Objectives

Although much of the discussion of evaluation issues focused on conducting an outcome evaluation, the objectives of the evaluation should encompass both process and outcome objectives. As discussed in Chapter II, the key goals of family preservation programs are to avoid unnecessary foster care placement and the related costs of placement, ensure the safety of children, and improve family functioning. In addition, there is a need to understand more about how family preservation programs work, for whom they are most effective, and the factors within the child welfare system and the larger service delivery environment that facilitate or inhibit program success. Finally, there is a need to understand the ways in which family preservation programs affect the child welfare system. For example, for what percentage of the families served by the child welfare system is family preservation appropriate and effective? The objectives of the study are as follows:

Objective 1: To determine the extent to which family preservation programs are effective in safely reducing unnecessary foster care placements and related costs.

Objective 2: To determine the extent to which family preservation programs are effective in meeting the basic needs of children, and promoting improved family functioning.

objective 3: To determine the extent to which family preservation programs have varying degrees of success with different target populations.

Objective 4: To determine the extent to which program variables, child welfare system variables and other factors **in the service delivery environment affect the success of family preservation services.**

Objective 5: To **identify the effects of family preservation programs on the child welfare system.**

The research questions associated with each objective as well as related data collection and analysis issues are discussed below.

1. **Objective 1: To determine the extent to which family preservation programs are effective in safely reducing unnecessary foster care placements and related costs.**

The research questions associated with this objective are shown in Exhibit 3-1. These questions are intended to examine differences in foster care placement using a variety of different measures to better understand the implications and costs of foster care placement. **A crucial** analysis is the determination of the difference between the experimental and control groups in the number and duration of placement episodes or other services monitored by the child welfare agency. This calculation is essential to determining costs. **Furthermore,** analyses should distinguish between types of placements, particularly paid and unpaid placements, and **paid placements requiring different levels of care (e.g., foster family homes and residential treatment facilities).**

Another **issue that should be addressed**, if feasible, is whether or not children who are placed in foster care after receipt of family preservation programs are more likely to have permanent alternate living arrangements, either through an adoptive placement or plan for

adoption, or through a change in guardianship to a non-custodial parent or other relative. Overall, the focus on foster care placement as an outcome measure needs to be refined to better described observed differences in the types of settings utilized, especially in the use of relative placements or other arrangements.

Data on the type and length of agency supervised placements should be **available through case** records or child welfare information systems. However, this **may not** include all forms of out-of-home placement. Placements of youth by the juvenile justice system may **be** unknown to the child welfare system. Also, informal out-of-home **care** arrangements (e.g., a child living with a grandparent) may also be unknown to the child welfare **system**. Where feasible, child welfare data on placements should be supplemented by parent interviews to determine the nature and extent of other out-of-home placements.

Calculating the costs of out-of-home placement and the provision of other services can be difficult but should not be limited to a comparison of estimates of aggregate foster care maintenance **payments** to the **aggregate** costs of family preservation services. Additional costs relating to the purchase of other services as well as the cost of maintaining a case in an ongoing child protective **service** unit must be considered in developing case-specific cost estimates for all families in the sample. Data on other purchased services is likely to be available in child welfare agency computer systems. Data on direct services provided by child welfare agency staff may be difficult to access, but efforts should be made to estimate staff time per case and calculate these costs. Comparisons of cost between the experimental and control group should be as inclusive as possible. In addition, analyses should be conducted to determine **variations in** costs attributable to certain types of cases. Estimates can then be made on the potential for cost-effectiveness if services were targeted to certain subpopulations.

2. Objective 2: To **determine the extent to which family preservation programs are effective in meeting the basic** needs of children and promoting improved family functioning.

The research questions associated with this objective are presented in Exhibit 3-2. In assessing other outcomes of family preservation efforts, emphasis should be placed on selecting outcomes that can be objectively measured and for which comparable data can be collected for both the experimental and control groups. Consideration should be given to the ability to secure cooperation from respondents over the **18-month data collection** period. Data for some of the research questions, such as te-allegations of abuse and neglect, can be readily obtained from child welfare data systems. Others will require the cooperation of the parents (or foster parents or other caretakers) to obtain.

- 7 3. Objective 3: To determine the extent to which **family preservation programs have varying degrees of success with different target populations.**

A key criticism of prior evaluations of family preservation programs is that they have been “black box” evaluations in terms of determining the client characteristics and service variables associated with successful avoidance of -foster **care**. The research questions associated with this objective (see Exhibit **3-3**) are designed to address this problem. Characteristics that should be examined include age and number of children at risk, **race/ethnicity**, age of parent(s), single versus two-parent families, the nature of the allegation, prior history of abuse or neglect and out-of-home placement, and other presenting problems including substance abuse problems of the caretaker.

Despite the importance of this objective, the ability to conduct the necessary analysis **may be** limited by characteristics of the population served. For example, if only a small number of the **cases** involve a caretaker with a substance abuse problem, the sample may be

too small to permit reliable estimates of the effectiveness of services for this subpopulation. Although this issue could be addressed by stratifying the population to ensure the case mix necessary to conduct these analysis, this approach is not recommended for an initial evaluation. The length of time required to obtain an adequate sample size, as well as the burden agencies will bear in altering current referral practices preclude adding further specifications to the sample selection process. Hopefully, there will be sufficient variability in client characteristics to permit analysis on the characteristics associated with successful outcomes. If not, an expanded evaluation could be conducted to address this issue.

4. Objective 4: To describe program variables, child welfare system variables and other factors in the service delivery environment that may affect the success of family preservation services.

The research questions associated with this objective are presented in Exhibit 3-4. The questions focus on gaining a better understanding of a variety of family preservation program variables, child welfare system variables, and environmental variables. The answers to these questions can provide a better understanding of program context, as well as specifically identifying variables that differentiate between successful and unsuccessful program outcomes. Moreover, data can be analyzed to examine some of the larger child welfare system issues of concern to many stakeholders.

Data collection strategies employed to address these questions are varied. Case-specific data on services provided through the family preservation program and other sources should be obtained for the cases in the sample. Other sources, such as child abuse and neglect reporting systems, child welfare tracking systems, and financial and management information systems may be used to analyze caseload dynamics and describe the context in which child welfare services are provided as well as any changes that occur during the

evaluation period. Quantitative data should be **supplemented** with information from child welfare and family preservation program management and staff. Interview data should focus on decision-making in service delivery, referral practices, availability and access to services, as well **as** the identification of exogenous variables that might explain **any** observed differences in case outcomes.

5. Objective 5: To identify the effects of family preservation programs on the child welfare system.

As in Objective 4, the focus of the research issues under Objective **5 (see Exhibit 3-5)** is on the interaction between family preservation programs and other aspects of the child welfare environment. Whereas Objective 4 focuses on the affects of the child welfare environment on the delivery of family preservation services, Objective 5 is concerned with the current and future effects of family preservation on the child welfare environment.

The first questions focus specifically on the potential **influence** of family preservation programs on caseload dynamics. As previously noted, the extent of unnecessary foster care placements is currently unknown, and the effectiveness of family preservation services for different subpopulations is uncertain. Data from the sample cases included in the evaluation, as well as those excluded from the study because they required immediate **placement** to ensure safety of the **child(ren)**, can begin to provide answers to these questions. Comparisons of these findings with general child welfare caseload statistics can help establish some parameters as to the potential effects of family preservation on the child welfare system. This, in turn, is crucial to helping policymakers address questions of resource allocation among service delivery alternatives. For example, if family preservation services were determined to be successful in preventing foster care placement in cases involving physical abuse, but not in cases of physical neglect or sexual abuse, then policymakers and

program managers might consider allocating resources **to family preservation** services proportional to the percentage of the caseload involving physical abuse. If family Preservation is effective in both physical **abuse and neglect cases but not. sexual abuse cases**, then **resource allocations should mirror the percentage of the caseload involving physical** abuse and neglect.

in addition, **some** policymakers and program managers believe that **the existence of family preservation programs have had** other, more subtle influences on the **child welfare** system and can facilitate movement of policymakers, **managers and staff from a placement-** oriented approach to child welfare problems to one that stresses prevention **and maintenance** of intact families. For example, at the policy level, perceived success of the program may lead to the availability of resources for other types of prevention efforts. At the service delivery level, workers who are usually inclined to place **a** child immediately under certain circumstances may become more comfortable with first providing family preservation services. Interviews with agency managers and staff should explore these issues.

B. Study Approach

1. Study Components

As outlined in the preceding chapter, the design presented **in this document focuses** on a case-specific random assignment of cases in which foster care placement is judged as imminent **by the court, review** by agency legal counsel, or **review by an expert group** comprised of senior agency management personnel or consultants. Cases assigned to both a control group and an experimental group will be tracked for a minimum of 18 months. Comparative analyses will be conducted to determine the difference between the groups on: the number of out-of-home placement episodes and the number of placement days per

episode (including both paid and unpaid placements); the cost of all services provided to both groups; re-allegations of abuse and neglect and other measures of child safety; and improvements in family functioning. Data on caseload characteristics and service delivery will be collected and analyzed to determine differences in successful outcomes for different subpopulations and under alternative levels of service delivery.

This evaluation would also include a process analysis. The approach taken in the process analysis should be based on the strategies used in the evaluability assessment. The findings of the evaluability assessment suggest that programs examined did not necessarily operate as initially designed. Although this evaluation should be structured to overcome key discrepancies between design and implementation at the outset of the evaluation, this process must be carefully monitored throughout the evaluation effort. Thus, the process analysis should be structured to:

- Provide additional information on program policies, procedures, operations and contextual factors and to compare differences in programs across evaluation sites; and
- Ensure that key program elements are operating as expected by the evaluators and that any problems that affect the study methodology can be identified and resolved early in the evaluation.

A separate evaluation should be conducted to provide a better understanding of the operations of family preservation programs within the child welfare system. The study would include an analysis of available aggregate child welfare system data to identify the interactions between family preservation programs and other aspects of the child welfare delivery system. It should include an analysis of: the number of child abuse and neglect allegations investigated; the proportion of investigated cases that are opened for monitoring, in-home service provision, or foster care placement; case closing rates for in-home services and foster

care placement cases; duration and types of services provided; case characteristics associated with different case actions; and the length of time between referral and provision of services. The study would also examine child **welfare decision-making concerning service delivery** and foster care. The approach taken would be based on **extensive interviews with caseworkers** to determine all factors affecting decision-making. Sample cases would be selected and reviewed with workers to identify **the** factors affecting their decisions.

2. Site Selection

Sites considered for inclusion in the evaluation of family preservation programs should meet the following criteria:

- Sites should have a family preservation component consistent with the program characteristics described in Chapter II -- **a** maximum caseload of four families; a maximum of eight weeks of service and a minimum average of five hours of in-home services per week.
- The family preservation program should have been operating **for** at least two years and not have any immediate plans for altering the program model.
- The family preservation program should employ only minimal criteria for case exclusion (**e.g.**, parental unwillingness to accept services).
- Sites should be limited to more urban settings or jurisdictions, those likely to yield a sufficient sample size in a two to three year period.

At **a** minimum, sites should be willing to make necessary changes to their current case referral practices to ensure that only families with at least one child at risk of imminent placement are included in the study. Sites must also be willing to cooperate with a federal evaluation. As previously discussed, Michigan and New York have planned evaluations that contain the necessary controls on their referral practices. In the first stage of **a** federal evaluation, priority should be given to working with sites who are currently establishing such

approaches for their own evaluations. **For** these sites, efforts would focus on: **(1)** ensuring **that implementation** is meeting the criteria established for selection of imminent risk cases; and **(2)** supplementing data gathering and analysis techniques, as necessary, to achieve the -objectives of this study.

If arrangements cannot be made with sites currently planning their own **evaluations**, sites who are willing to **alter existing referral practices should be considered**. This would provide the opportunity to test the feasibility of gaining state **and** local cooperation and commitment to change referral practices independent of existing evaluation efforts. It would also ensure that the evaluation design desired for the federal evaluation would not be compromised by the needs or desires of the state or local evaluation. Discussions with state **and local program managers suggest that some sites might readily consider this option**. If not, **consideration should be given to funding family preservation efforts through** research and demonstration grants in sites that would develop procedures consistent with the evaluation plan.

3. Case Selection Criteria

The approach to this study is predicated on the assumption that referral practices can be altered to ensure that cases at risk of imminent placement are selected for study. **For the** -- -- purposes of the study, placement is defined to include **cases in which a court order for** placement has been or will be sought, or cases in which a voluntary placement agreement for a paid out-of-home placement will be put in affect.

Although family preservation programs often provide **services to promote reunification of children and families after placement has occurred**, such cases are not part of **the** scope of this **study**. Nevertheless, some **cases** involving short-term emergency

placements may still be **considered appropriate for this study**. In **most** jurisdictions, emergency custody of a **child(ren)** may be taken by the child welfare agency or police typically for no more than a **72-hour period** before a court order for continuing placement is required. Realistically, it is not feasible to suggest that an agency delay taking emergency custody in order to obtain a review of the necessity of placement. Instead, cases included in the evaluation should encompass situations in which the agency has emergency custody and has sought or is planning to seek a court order to maintain custody for more than 72 hours. Any case in which placement had continued for longer than the **72-hour** period would not be included in the study. Of course, cases in which court orders for placement **are** sought without a prior emergency placement would also be included in the study.

In some **child** welfare systems, agencies may **seek** or accept a voluntary placement agreement with a family in lieu of seeking a court order. This may occur **when** the caretaker is seeking placement for a child as a result of child behavior problems, when parental cooperation with a placement obviates the need for court involvement, or when a **non-custodial** parent or other relative intends to assume care of a child without agency supervision or payment. In such instances, determination of the risk of imminent placement may be more difficult. In addition to a review by senior management to determine the degree of risk, the placement planned should be one that the child welfare agency intends to pay **for and monitor**.

For cases that meet the criteria described above, decisions concerning the risk of imminent placement must be made. Under the proposed design, caseworkers would no longer directly refer **cases** to family preservation. Instead, workers would **make a** determination to refer a **case** for foster care placement, provide ongoing monitoring and/or other preventive services, or close a case. Cases referred for foster care placement would undergo **supervisory**

review as well as any other review process that is required to obtain an out-of-home placement. If operational difficulties **are** encountered when the courts are required to actually mandate placement prior to randomly assigning cases to family **preservation**, then an alternative review process would need to be established. A senior management review or review **by agency legal** counsel can be substituted for court review.

Cases that are approved for placement would then be screened for appropriateness for family preservation. Cases could be deemed inappropriate **for several reasons:**

Parental Unavailability: This would include cases in which a **parent(s)** was incarcerated, institutionalized, or otherwise unavailable.

Parental Unwillingness to Provide Care: This would include cases of abandonment or instances where parents refused to continue to care for a child.

Safety of the Child: This would include cases in which the provision of family preservation services is deemed insufficient to secure the immediate safety of the child. It is assumed that this would be limited to cases of serious physical abuse or neglect of young children, or sexual abuse cases in which the perpetrator remains in the home or a parent refuses to prevent contact between the child and perpetrator. Agencies should be required to document the nature of the threat to child safety and the reason intensive services would be insufficient to protect the child. It is important to note that the question is one of safety in delaying placement for a maximum of eight weeks during which time intensive family preservation services would be provided. Furthermore, at any time during the intervention that a child's safety was questioned, a child could be placed in foster care.

Clearly, child safety is of paramount concern during the evaluation and agencies would be free to exclude from random assignment cases involving a child's immediate safety. However, the nature and frequency of such exemptions should be documented and reviewed to ensure that cases are not unnecessarily diverted from the evaluation sample,

Cases not meeting any of the above exclusion criteria would then become **part of** the study sample and be forwarded to the evaluator for random assignment to an experimental or **control group**. The assigned cases would then be referred back to the agency for action.

Cases assigned to the experimental group would **receive family preservation, services** (if program resources permit). Control group cases would not be eligible for family preservation services. Presumably these cases would be placed **in foster care as initially planned**; however, this may not always **occur**. **Case actions** for all families, including those **excluded** from the **random assignment** pool, should be tracked carefully through the study by the evaluator to determine actual case **actions**.

Thus, the evaluation design calls for two distinct studies: **(1) an** evaluation of family preservation programs to include an experimental design **for measuring the** effects of the provision of family preservation services on reducing foster care placement and associated costs, as well as ensuring child safety and improving family functioning, **and** to identify program and system variables that may explain observed outcomes; and **(2)** an evaluation of child welfare system decision-making based on an analysis of aggregate child welfare system data and **caseworker interviews to further** explore the environment **in which family preservation programs operate**. The five **objectives** and **related research questions** concerning program outcomes and processes can be addressed through the family preservation evaluation design if **the design** is properly implemented. Broader questions about child welfare **decision-making** would be addressed through the second evaluation.*

CHAPTER IV

IMPLEMENTATION PLAN

This chapter **sets forth a plan for implementing the evaluation** design described in Chapter III. As previously noted, concerns were expressed by various stakeholders about the feasibility of securing and maintaining child welfare agency cooperation with **an evaluation** design that required major changes in decision-making **and referral procedures for foster care and family preservation**. In addition, members of the Intergovernmental Workgroup and Technical Advisory Panel expressed the need to conduct a more encompassing evaluation of the child welfare service delivery system including an assessment of a broader range of **home-based** service delivery efforts as well as outcomes of foster care placement. To address these concerns, the implementation plan calls for two studies: **(1)** a family preservation program evaluation; and **(2)** an evaluation of child welfare system decision-making.

A. Family Preservation Program Evaluation

Ideally, the evaluation design described in the preceding chapter would be implemented in conjunction with similar evaluations currently planned in other sites or in sites with well-established family preservation programs not currently involved in developing their own evaluations. The evaluation is expected to last for five years and will be carefully monitored throughout the project to ensure that: expectations concerning selection of cases at risk of imminent placement are being met; that random assignment procedures are being implemented; and that case tracking does not show any changes in case opening or closing practices that would indicate that **efforts are being made to** divert the intent of the changes

in referral practices. If the process should not appear to be working or amenable to correction, the evaluation should be discontinued after the first year of the study.

If the evaluation appears to be working, the number of sites evaluated would be expanded during the course of the evaluation. A decision about expanding the study to include other sites can probably be made by the end of the second year of the evaluation. At this stage there should be sufficient information about the efficacy of the evaluation design. In selecting additional sites, consideration might be given to expanding and stratifying sample sites to better examine program effects on different subpopulations.

The evaluation is likely to require five years to complete. The first year of the study will include the selection of two to three sites, examination of existing evaluation plans, negotiation of agreements to supplement initial evaluations, and development of a final evaluation design, data collection instruments and analysis plan. Data collection will occur in the second, third, and fourth years of the study.. Although client outcomes are currently expected to be monitored for 18 months, we anticipate that it may take up to three years to obtain the proposed sample size of 330 cases in each of the control and experimental groups. It is expected that interim reports will be produced that would document all preliminary findings. In the fifth year, all final analysis will be conducted and the final study reports prepared.

A detailed description of the tasks necessary to conduct the evaluation of family preservation programs is provided below.

1. Evaluation Planning (Year 1)

The most difficult tasks to be accomplished in this evaluation concern the selection of sites and the development of a plan to ensure that cases at risk of imminent placement are

the focus of the evaluation effort. The key to successful implementation of the design will rest with establishing quality control procedures **and monitoring** the case referral and random assignment process as well as the data collection and analysis efforts. -Working **with** evaluation staff or contractors conducting a state or local evaluation will require that a clear delineation of the roles and responsibilities of each group of evaluators is understood. Throughout the course of the evaluation, situations are likely **to arise that may** require adjustments to the original design. Agreements must be reached to ensure that any changes are **approved by federal** and state stakeholders **and evaluators**.

The specific steps necessary to complete all activities leading up to data **collection** are described below.

a. **Step 1 -- Identify Sites**

At present, evaluation efforts in Michigan and New York are planned that establish procedures for ensuring that cases referred for family preservation services **are at** risk of imminent placement and for assigning these cases either to a treatment or control group. Other states may **also** be contemplating such efforts. A list of potential sites can be identified through discussions with child welfare agencies-, family preservation program staff, and foundations funding family **preservation** programs and child welfare research.

In addition, the evaluation should incorporate at least one site that does not have an existing evaluation planned, but has a well-developed family preservation program and a history of conducting research and evaluation studies of family preservation efforts. Candidate sites should be identified through a literature review and informal discussions **with** potential programs. **If** necessary, demonstration funds should be **made available to encourage** state participation.

b. **Step 2 -- Review Current Program Operations and Evaluation Plans**

For those sites identified in Step 1, existing programs should be reviewed to determine whether or not the family preservation program meets the study definition. This will include an on-site review of program operation as well as a review of evaluation plans. Caseload statistics will need to be examined in order to estimate the length of time that will be necessary to achieve the desired sample sizes.

for sites with existing evaluation plans, the following issues will be explored to determine the consistency of proposed state or local plans with the federal evaluation design.

Key issues to examine are:

- Procedures for ensuring that criteria for risk of imminent placement are met;
- Proposed outcome measures;
- Planned data collection efforts including the data sources and measurement scales to be used, procedures for selecting and training data collectors, and frequency with which data will be gathered;
- Proposed sample sizes;
- Time frames for tracking cases to determine outcomes;
- Time frames for completing the study;
- Random assignment procedures; and
- Quality control plans.

If preliminary information about evaluation plans appears consistent with the federal evaluation design, discussions should be held with key stakeholders at the state and local level about their interest in coordinating their efforts with the federal evaluation.

In addition, a preliminary review of existing aggregate data systems should be undertaken to determine the availability of data for conducting an analysis of child welfare caseload dynamics.

c. Step 3 -- Develop a Preliminary Evaluation Agreement

For sites interested in coordinating their efforts with the federal evaluation, a preliminary evaluation agreement should be developed. The **agreement** should delineate:

- The tasks and activities to be conducted under the state evaluation:
- The tasks and activities to be conducted under the federal evaluation by state and local staff or evaluators;
- The tasks and activities to be conducted by the federal evaluators;
- Protocols and procedures for advising the various participants of any problems encountered and any planned changes: and
- Plans for ensuring the exchange of information including procedures for overcoming any confidentiality issues.

The draft agreement should first be reviewed with federal evaluation staff to determine the level of federal resources required to supplement the state or local evaluation and whether or not the federal government would wish to proceed with this effort. If so, final negotiations with the site should be held.

For the one site selected that is not currently planning its own evaluation, a similar process should be employed. The evaluators should meet with key program staff to secure their interest and cooperation with the plan. If necessary, consideration should be given to reimburse the child welfare agency and/or family preservation program for any costs incurred during its participation in the evaluation. An evaluation agreement should be developed that details the procedures for case referral and random assignment, as well as all data collection

procedures. The agreement should be signed by appropriate federal officials, the federal evaluator, child welfare agency and family preservation program managers, and the state/local evaluator.

d. Step 4 -- Develop a Final Evaluation Design

The final evaluation design will be based on the evaluation agreement developed with each site. **It** should include a detailed plan specifying the relationships between study objectives, research issues, data elements, data collection procedures, and data analysis plans. The design should consider which data collection instruments, if any, **will require** OMB clearance and how time frames **for obtaining OMB clearance might affect** the overall study plans.

It is important to note that collecting data from case records or aggregate data systems will not require OMB clearance. Thus, data on out-of-home placements, child abuse and neglect allegations, services delivered, and the costs of services and placement can be obtained without clearance.

Any interviews or forms completed by clients or program staff would require OMB clearance unless such data collection efforts are undertaken as part of the state/local evaluation. These data collection efforts are likely to focus on obtaining measures of child well-being and family functioning. Consideration should be given to limiting these measures if it appears that delays in OMB clearance would seriously affect implementing the evaluation according to time frames agreed upon with state and local officials.

e. **Step 5 -- Develop A Quality Assurance Plan and Monitoring System**

The federal evaluators should be responsible for all quality assurance activities. A half-time **to** full-time data collection manager should be on-site during the time in which procedures for **case** referral and random assignment begin **and should continue to be on-site throughout the** data collection **period. The quality assurance procedures should include the following:**

- Developing and implementing a plan for receiving data on all cases referred for out-of-home placement **and the decision** reached by the agency to pursue placement. All cases identified as being at risk of imminent **placement** and excluded by the agency or courts from random assignment should be reviewed by the evaluator and reasons for excluding **the case** should be documented.
- Developing a plan for randomly assigning cases to the treatment or control group, notifying the agency of the assignment, and receiving feedback on the assignment of treatment cases to a family preservation program and the subsequent case action on cases in the control group.
- Developing a plan for periodic access to information systems to determine case status **in family preservation programs, foster care placement, or other components of the child welfare system.**
- Analyzing data on case exclusions, actual placement rates for **the** control groups, and duration of placements in the first 30 days. Any findings that suggest the case referral process is not working as intended should be reviewed **with** agency staff to determine the problem and corrective action that should be taken.
- Participating in the training of data collection 'staff.
- Establishing procedures for a re-review of a sample of case record abstracts..'
- Establishing procedures for determining the accuracy and completeness of data on computerized information systems.

Quality control plans should be reviewed with all state/local stakeholders to ensure their cooperation with the effort.

f. Step 6 -- Assess Readiness to Begin the Experimental Design

Before implementing the design, the evaluator and federal staff **as** well as a technical advisory group should review all plans to decide if implementation is still feasible and consistent with the original federal evaluation design. The evaluation should **not** continue **unless** all key **issues** have been resolved.

2. **Data Collection and Monitoring (Years 2, 3, and 4)**

a. Step 1 -- Data Collection

Over the next three years, random assignment of cases and data collection will occur and the quality control procedures developed will be implemented. For the cases in the experimental design, the data collection procedures outlined below should be followed:

- Case records should be reviewed and data abstracted at the time cases are assigned to the treatment or control group. Data should be abstracted on demographics, nature of the presenting problems, prior history with the child welfare agency, and case plan goals.
- Follow-up case record reviews **should** occur six months after the onset of service or placement and again at **18 months** or at case closing if sooner than 18 months. For cases in the treatment group, family preservation program records should be reviewed at the end of the service. Subsequent reviews of child protective services case records should occur at the six and 18-month follow-up periods or at case closing. Procedures should be established for determining any re-openings of closed cases within the **18-month** time frame.
- Interviews with families or other pertinent sources (e.g., teachers) to obtain information on child and family functioning should also be conducted at the onset of service and at six and **18-month** intervals. To the extent that data will be collected through self-administered questionnaires completed by the caretaker, baseline data may be collected by family preservation workers or agency staff during a regularly scheduled visit at the onset of services. **Follow-up** data may be collected by local **or** federal evaluators depending upon the evaluation agreement.

The process analysis will actually begin during the first year of the evaluation. It is anticipated that in the course of developing a comprehensive evaluation design, a description of the child welfare system and family preservation program design. and operations will be documented. Throughout the data collection period, interviews should be scheduled annually with program managers and a sample of staff to determine if any changes have occurred in program operations. Similarly, data from computer information systems should be downloaded annually to permit analysis of aggregate caseload data.

b. **Step 2 -- Quality Control Monitoring**

Throughout the data collection, quality control monitoring procedures should be implemented. Quarterly reports documenting the number of case referrals for out-of-home placement, the number of cases included in the study design, the number of cases excluded, and the reasons for exclusion should be prepared. Any difficulties should be reviewed with agency and program staff and federal government staff. At the end of the first year of implementation, an assessment should be made of the feasibility of continuing the study. Also, any adjustments to the length of time necessary to achieve sufficient sample sizes should be made.

3. **Data Analysis and Final Report Preparation (Year 5)**

a. **Step 1 -- Data Analysis**

Although the final analysis and report will be prepared in Year 5, data analysis should occur annually in Years 2, 3 and 4 of the project. Case analysis should be conducted at six, 12 and 18 months intervals after case opening. Analysis should also be conducted at the end of 18 months to determine the percentage of cases that remain open at the end of that time

period. If a high percentage of cases in either the experimental or control group remain open, it may be necessary to extend the data collection period in order to determine the number of foster care placement days and to more accurately determine costs. Key analysis of findings from the experimental design will include:

- The difference in rates of foster care placement, the **number** of placement episodes, and the number of placement days between the experimental and control groups by program site;
- The difference in total cost of service and/or out-of-home placement between the experimental and control groups by program site;
- Regression analysis of case and service characteristics to determine variables that distinguish successful and unsuccessful family preservation efforts;
- The difference in rates of re-allegations of child abuse and neglect between the experimental and control groups;
- The difference in rates of runaway episodes, truancy, and juvenile arrests for youth over the age of 12 in the experimental and control groups;
- The difference in the rate and direction of change in parent or other caretaker reports of child behavioral problems between the experimental and control groups;
- The difference in the rate and direction of change in parental use of informal and formal support/service systems between the experimental and control groups; and
- The difference in the rate and direction of change in parenting skills and other family functioning measures between the experimental and control groups.

Another key analysis to be conducted from data obtained from the outcome evaluation is an analysis of the “necessary” placement rate. This will be based on examining the percentage of cases referred to out-of-home placement that were excluded from the experimental design. These cases form a lower boundary of the necessary placement rate. Development of an upper bound of the necessary placement rate may be formed by examining the percentage of cases referred for family preservation in which a placement occurred.

Analysis of aggregate data **from computer information systems will be** conducted on **an** annual basis. Data should be analyzed for one year preceding the **start of the** evaluation and continued through each year of the study. Key analysis **will** include:

- **Changes in the** number of allegations of **abuse** and neglect per year;
- **Changes in the** rate of substantiation **of abuse and neglect allegations;**
- **Changes in the rate of case openings after completion of an investigation;**
- **Changes** in the proportion of cases opened **for foster care placement, family preservation or other service;**
- **Changes** in the duration of time between case opening and closing; and
- Differences in the proportion of cases opened for foster care placement, family preservation, and other service by case characteristics (e.g., type of abuse/neglect, **race/ethnicity**, family size, single versus two-parent family, and age of children).

Information from the process analysis should be used to provide a qualitative description of the child welfare system and family preservation programs at each site. Key issues should include a discussion of the differences between actual program operations and the description of programs provided by policymakers and program managers; changes in operations that occurred during the study period; differences between program sites; and the implications of these findings in interpreting the data from the outcome evaluation.

b. Step 2 -- Preparation of Final Report

The final **report will present the findings from the analyses described above. Findings should be reported by site and synthesized to determine consistencies and variations in outcomes achieved across program sites. The final report should also include a discussion of the methodological and operational issues that arose** in conducting the evaluation.

Recommendations should be made on the feasibility of expanding the evaluation to other sites and on changes that should be made to the design in future evaluations.

Preparation of annual interim reports should **facilitate** the preparation of the final report. However, a draft final report should be prepared at least three months prior to completion of the study to allow ample time for both state/local and federal reviews of the report.

4. Resource Requirements

The level of effort associated **with the** evaluation of family preservation programs will vary depending upon the number of sites included in the study, the amount of data collection (particularly client interviews), and the extent of data analysis. Estimates of the cost of the evaluation have been made based on the following assumptions:

- The evaluation will include two sites and **will** cover a period of five years.
- Each site would have a data collection manager who would be employed on a three-quarter to full-time basis.
- A three-quarter to full-time project director would be required during the first year of the evaluation; a half-time director during Years **2, 3** and 4; and a **three-quarter** time director in Year 5. Additional staff would include 20 percent of a statistician's time, 50 percent of a research analyst, 50 percent of a research assistant, and 25 percent of a secretary's **time** in Year 1 and Year 5 of the evaluation. During Years 2, 3 and 4, staff time could be reduced slightly for the statistician (**10%**), the research assistant (**33%**), and the secretary (**20%**).
- Six hours per case for case-specific data collection (record **reviews and** interviews) per site and three hours of data entry per case would be required for 660 cases per site at the time of case opening, and again at six and 12 month intervals.
- Ten trips to each site should be planned during the first year and up to **six** trips to each site may be required in subsequent years.

Based on these assumptions, **costs** for an evaluation in two sites might range as follows:

| YEAR OF EVALUATION | COST ESTIMATE |
|---------------------------|-------------------------------|
| Year 1 | \$600,000 to 6700,000 |
| Year 2, Year 3, Year 4 | 8400,000 to 8500,000 per year |
| Year 5 | \$600,000 to 8650,000 |

Over the five year period costs are estimated to be between \$2.4 million and \$2.85 million. If additional sites are added to the evaluation, it is likely to cost an addition 8150,000 to 8200,000 per site per year.

These costs do not include any expenses necessary to secure and maintain agency participation in the study. Consideration should be given to assisting sites in defraying the costs of participating in the evaluation or providing other incentives for participation.

5. Expanded Evaluation

Based on the findings concerning the feasibility of implementing the proposed evaluation design, the study may be expanded to include additional sites in order to make a more comprehensive determination of the outcomes of family preservation programs in a variety of settings. As previously noted, the decision to expand the number of sites can be made prior to completion of the evaluation. The proposed evaluation should determine the feasibility of establishing referral practices that ensure selection of cases at risk of imminent placement and randomly assigning cases to a treatment or control group by the end of the second year. Early tracking of case actions will determine whether cases received the services appropriate to their group assignment and whether there is any evidence that services were rapidly "rearranged" after the initial assignment. Thus, if implementation is feasible, expansion should be considered.

In expanding the evaluation to other program sites, the **same** steps taken in the planning phase of the evaluation would be replicated. Presumably, the sites selected will not have a planned evaluation and the resources required **for expansion as well as the** processing of negotiating with a site to participate will closely parallel the activities undertaken in selecting the one site that did not have a planned evaluation employing more stringent referral practices.

In expanding the evaluation, consideration might be given to expanding the sample or stratifying the sample to ensure that a sufficient number of cases in **subpopulation** groups of interest are included. Although analysis plans for the evaluation include **efforts to differentiate the effects of family preservation services on different subpopulations (e.g., cases involving abuse or neglect** versus cases involving parent-child conflicts), it is uncertain whether a sufficient number of cases of each type will be included in the sample. Once the feasibility of the methodology has been established, increasing evaluation resources to permit more definitive analysis of subpopulations might prove advantageous.

Similarly, consideration might be given to selecting program sites that have slightly different service delivery models from those initially included. Particular consideration should be given to selecting sites with program variation on the availability of emergency cash assistance to address concrete family needs. Some family preservation programs have only nominal cash assistance available (e.g., \$35 per family) while others have funds averaging 8500 per family allowing for the purchase of furniture or housing deposits.

Consideration might also be given to selecting sites that differ with regard to the availability of alternative preventive service programs. In some jurisdictions, family preservation is the only alternative to out-of-home placement, while in other sites a number of program alternatives may exist. In selecting new sites, this variable should be considered.

B. Child Welfare System Decision-Making Process

A study of the child welfare decision-making process should be conducted independently of the evaluation of family preservation programs. Although **the** need to conduct this study was identified through the findings of the evaluability assessment, issues pertaining to child welfare decision-making that did not explicitly relate to family preservation referral practices were not addressed in the evaluability assessment. Therefore, it is not possible to present **a** detailed design for conducting this study. **Instead**, an overview of the issues to be addressed in this study are discussed and a general study approach for addressing these **issues** **is** presented.

As previously noted, the child welfare system is a “worker driven” system, in which the critical decisions concerning children and their families are made by caseworkers who have considerable latitude in interpreting relatively unstructured laws and policies concerning the decisions to place a child in foster care, refer a case for family preservation services, refer a case for ongoing protective services, and/or provide other home-based services to assist families in remaining together. Among the factors that appear to affect decision-making are the following:

- Child abuse and neglect laws and policies concerning the definitions of child maltreatment and the circumstances under which a child may be removed from their home;
- The range and types of home-based service delivery programs available in **a** community.
- Training and supervision provided by the **agency** to guide workers in interpreting laws and policies;
- Worker belief systems regarding the general merits **and** drawbacks to foster care placement and in-home services;
- Past experiences of a worker in deciding not to remove a child from their home (**e.g.**, subsequent child fatality when a child was not removed);

- Perceptions concerning the availability and quality of foster homes available;
- Perceptions concerning the availability and quality of family preservation services and other home-based services options;
- Case-specific characteristics such as parental acknowledgement of the maltreatment and motivation to work with the agency; and
- Worker attitudes toward specific families including perceptions of families from different racial/ethnic groups, single parents, educational and economic status and family size.

An understanding of the role that the above factors and others play in **decision-making** can be obtained through an analysis of existing aggregate data and in-depth discussions with workers. The study could be conducted within a **12-month** period in a minimum of two or three localities. If resources permit, a larger number of sites would provide a better basis for identifying site-specific similarities and differences. It would be preferable to conduct the study in medium to large size child welfare **agencies** where differences among workers' decision-making practices can also be examined.

A literature review should be conducted to identify potential variables affecting placement and to design a framework for specifying the interactions among variables. This effort should be coupled with discussions with key informants and the formation of a technical advisory panel to review the framework and interpret subsequent findings.

Available aggregate data systems that permit case tracking between child protective service investigations, foster placement and purchase of preventive services could be used to analyze some of the factors that affect decision-making (i.e., demographic characteristics, nature of the **maltreatment**, prior history of maltreatment) as well as the time frames in which decisions are made. However, the effects of attitudinal and contextual variables on worker decisions cannot be determined through data available on computerized information systems and interviews and case record reviews must supplement this process.

Worker interviews must be the primary **source of information on decision-making**. At least **two stages of worker** interviews would be required. In the first **stage, workers, as well as supervisors and program managers**, should provide information **on the flow of cases through the child welfare system, the decision-making points, the options for services available through the agency, and the formal criteria considered** in determining whether or not to **place a child** in foster care, provide other services, or close **a case**.

In the **second stage**, specific **cases** should be **randomly selected to examine decision-making** at the time of an initial allegation as **well** as other points in the service delivery process (e.g., **after** family preservation services are provided, after three months of ongoing protective services). Discussions should be held with workers as the actual decision-making unfolds. In addition, any meetings with supervisors, case staffings or discussions with other service providers should be observed.

Analysis of aggregate data can identify:

- The flow of children and families from case initiation to case closure and the services and placements experienced;
- The timing of home-based service delivery and foster **care placement**;
- The differences in demographic characteristics between those cases receiving family preservation, other home-based services, and foster care; and
- The differences in the nature of the maltreatment or other presenting problems between those cases receiving family preservation services, other home-based services, and foster care.

Qualitative data from the interviews can be synthesized to identify the relationship between formal decision-making criteria and the contextual and attitudinal factors that affect decision-making.

APPENDIX
TECHNICAL ADVISORY PANEL

TECHNICAL ADVISORY PANEL MEMBERS

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Final
UAD

Final Report

Evaluability Assessment of Family Preservation Programs

May 18, 1993

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EXECUTIVE SUMMARY

Family preservation programs are short-term, intensive, home-based services for families in crisis. They are considered to be cost-effective approaches to key concerns in child welfare. Such programs are based on the beliefs that: **(1)** children are best nurtured and raised within their own families; and **(2)** family interactions are most open to change when faced with an immediate outside threat, such as foster care placement. Family preservation programs are believed to improve family functioning, ensure the safety and well-being of children, and thus, avoid the need for, and costs of, foster care placement.

While some form of intensive home-based services programs are provided in selected local jurisdictions in 38 states', there is little scientific evidence that they are preventing unnecessary foster care placements for children at risk of imminent placement. Variability in program design, faulty program implementation, and inadequate evaluation methodologies leave policymakers and program managers with many unanswered questions. Recent congressional proposals to fund family preservation programs, as well as the growing number of state family preservation programs, makes it critical to assess the efficacy and cost of these programs.

STUDY PURPOSE

The purpose of this study is to develop an evaluation design for child welfare decisionmakers. To this end, an evaluability assessment was conducted. Evaluability assessment (**EA**) is a descriptive and analytic process that produces a design(s) for conducting a program evaluation of use to policymakers and program managers. An evaluability assessment is designed to: **(1)** identify differing goals and perceptions of program operations

¹ American Public Welfare Association, Factbook on Public Child Welfare Services and Staff. Washington, D.C. 1990.

among stakeholders; (2) clarify areas of agreement and disagreement, as well as those issues that remain unresolved; (3) describe the program operating environment and its affect on program implementation and evaluation; and, (4) develop an evaluation design that takes into account these factors as well as issues of data availability and methodology.

In February 1993, an Evaluation Design for Family Preservation Programs was prepared that addressed the issues noted in this study. This report provides the supporting documentation on which the Evaluation Design was based.

METHODOLOGY

This evaluability assessment reviews existing documentation on family preservation programs and related evaluations, and reports on discussions with federal and state policymakers, private sector organization representatives and program advocates. It also includes the results of telephone discussions with child welfare agency and family preservation program managers in ten states, and in-depth case studies of four family preservation programs. An advisory group of nationally recognized researchers and policymakers was formed to review study findings and provide input on the formulation of an evaluation design. (See Appendix B).

Because of problems in conducting previous evaluations, this study focuses on aspects of the family preservation program -- and the child welfare system in which it operates -- that are most likely to create difficulties in implementing an evaluation. Four program dimensions were described and analyzed from the perspective of policymakers, program managers and program staff: (1) program goals and related measures; (2) the affect of the child welfare system on family preservation services; (3) the definition of the target population (imminent

risk and other criteria); and, (4) the variables and parameters for defining family preservation programs. Exhibit 1 provides a summary of the findings in each of these areas.

Other key issues explored during this study include the feasibility of alternative evaluation design strategies, especially the use of designs employing random assignment of families, and the availability of the data necessary to determine program outcomes...

KEY FINDINGS

Evaluation Design Options

Previous efforts to evaluate family preservation programs have not provided convincing evidence regarding the effectiveness of the programs. Early studies of family preservation programs demonstrated low rates of foster care placement for families who received services, but lack of control groups made it difficult to attribute the observed outcomes to the receipt of family preservation services.

More recent studies have randomly assigned cases to an experimental or control group or created a comparison group of cases that were referred for service but could not be served due to lack of available openings. These studies have shown relatively low placement rates for both the experimental and the control group, leading many to question whether or not the cases referred were at imminent risk of placement.

Despite the problems encountered in studies employing random assignment models, they demonstrate that child welfare agencies which had traditionally resisted the use of experimental study designs could be convinced to implement such designs. Most of the child welfare administrators with whom we spoke during this study also appeared willing to consider participation in a future evaluation that would require random assignment. Child

Exhibit 1
Summary of Differences in Family Preservation Program Descriptions and Their Implications

| | Differences Among Stakeholders on Key Program Dimensions | | | Implications for Evaluation |
|--|---|---|---|--|
| | Policymakers | Program Managers | Program Staff | |
| Family Preservation Goals and Measures | Believe program improves family functioning and ensures child well-being and that such change will prevent foster care placement; Expect to see a reduction in foster care placements in the short-term and related reductions in child welfare expenditures. | Believe program can improve functioning and child well-being for families who may be at risk of placement in the short or long-term; Expect to see improved family functioning and eventually reduced foster care placements. | Believe program can improve child well-being and family functioning in cases where family is motivated to change; staff are aware of foster care reduction goals but do not necessarily make referrals consistent with these goals. | Need multiple indicators of program outcomes. Foster care avoidance and cost-effectiveness measures essential to address policymakers' expectations. Must address how staff operationalize program goals to ensure that reductions in foster care are plausible. |
| Program Context | Focus on rising reports of abuse and neglect, placements and costs. Lack of recognition of other factors affecting program outcomes. | Family preservation is one of many services needed to address problems confronting families; a range of other services are needed to support family preservation efforts. | Although most workers support family preservation programs, workers harbor some resentment toward the program that may affect referral practice. Also other experiences and beliefs of referring workers affect family preservation programs. | Contextual variables may explain differences in observed outcomes across program sites. Evaluations must document these factors. Suggestions have been made for broader evaluations of child welfare systems to explore a more complete range of contextual and programmatic factors. |
| Defining the Target Population: Imminent Risk Criteria | Believe that all families referred are at risk of imminent placement. | Aware of policymakers' expectations; Recognize that they are not met; Believe workers refer some cases at risk of imminent placement, but also refer cases that have characteristics that may eventually be at imminent risk. | Referral decisions are based on multiple factors that vary by individual workers. In addition to risk of placement, workers' beliefs about family motivation, program philosophy and available alternatives also affect decision-making. | This is the most critical issue to be addressed in future evaluations, in order to use foster care avoidance as an outcome measure. Procedures for ensuring that all cases referred during an evaluation are at risk of imminent placement must be established. |

| | Differences Among Stakeholders on Key Program Dimensions | | | Implications for Evaluation |
|--|--|---|--|--|
| | Policymakers | Program Managers | Program Staff | |
| Family Preservation Program Operations | <p>Expectations that most programs are similar to the Homebuilders model:</p> <ul style="list-style-type: none"> • caseloads of 2-4 families • 5-20 hours of services in-home per week • services can be accessed 24 hours per day • service intervention limited to four to eight weeks • availability of flexible funds | <p>Program managers are familiar with Homebuilders model but also consider a wider range of home based service delivery programs to meet the definition of family preservation.</p> | <ul style="list-style-type: none"> • Staff generally implement the model described in their state. • Program variables which are least consistently implemented are: 24 hour a day access, and availability and use of flexible funding. | <p>Not all programs that define themselves as family preservation provide a similar enough service intervention to be grouped together for evaluation purposes. However, there are a large number of programs which are consistent with the Homebuilders model. A subset of these programs would be appropriate sites for a national evaluation.</p> |

welfare administrators did point out that special efforts would be required to convince program staff to cooperate with such a design.

Program Goals and Related Outcome Measures

Although stakeholders generally agree that family preservation programs are designed to secure child well-being and improve family functioning -- there is considerable disagreement over the extent to which family preservation programs are expected to reduce unnecessary foster care placements. There is also disagreement over the immediacy with which such reductions can be achieved. Most policymakers consider establishing a link between family preservation services and a reduction in foster care placement to be essential. In contrast, program managers and staff consider foster care avoidance as a by-product of the program - one that may not be immediately applicable to all of the families served and may not be due to the receipt of family preservation services alone.

The differences among stakeholders in expectations concerning the goals and outcomes of family preservation programs have several implications. From a program oversight standpoint, these differences mean that programs may operate somewhat differently than policymakers expect -- and are therefore unable to demonstrate the desired outcomes of policymakers.

From an evaluation standpoint, there is a serious dilemma. An evaluation that employs outcome measures that are not plausible to achieve is poorly designed. An evaluation that ignores the outcomes of interest to policymakers is not likely to be useful. While other outcome measures (e.g., family functioning, re-allegations of abuse and neglect) should be included in any future national evaluation, foster care placement reduction should remain a primary measure of program effectiveness.

The Affect of the Child Welfare System on the Delivery of Family Preservation Services

Stakeholders in family preservation programs have different levels of understanding about the relationship of family preservation programs to other issues in child welfare. Understandably, policymakers possess a less detailed understanding of the interconnectedness of these issues. Yet the context in which family preservation services are delivered affect both the outcomes of the services and the evaluation plans for capturing these outcomes. Some of the key contextual variables are as follows:

- **Extent of Unnecessary Foster Care Placements:** Extensive development of family preservation programs is predicated on the assumption that a considerable proportion of the foster care placements occurring today would be avoidable if family preservation services were more widely available. To date, there has not been rigorous research to identify the rate of "unnecessary" placements. In some jurisdictions, (e.g., Iowa, Washington, Missouri) foster care review panels, established to examine placement decisions, have generally supported the need for most of the placements made. Further research is needed to adequately identify the extent of the unnecessary foster care placement rate as this will determine the extent to which family preservation programs can realistically reduce foster care placement rates.
- **Availability of Follow-up Services:** Although family preservation programs are believed to provide a powerful tool for alleviating short-term crises and helping to improve family functioning, chronic family problems usually cannot be fully resolved in a four to eight week intervention. A lack of follow-up services may affect whether family preservation programs only delay rather than prevent foster care placement.
- **Infrastructure of the Child Welfare System:** For child welfare administrators, the depth and range of internal problems is daunting. Lack of staff training and experience, large caseloads, limited use of computer technology to support case tracking and management raise questions about the system's ability to adequately assess cases, make appropriate referrals and monitor case outcomes. These contextual variables are likely to influence who receives family preservation services and the outcomes of services.

The inter-relationship between family preservation programs and other aspects of the child welfare system has implications for the development of an evaluation design. First, it points to the need to identify and document the programmatic environment at each site evaluated. These issues may be important in explaining observed outcomes for families, and in understanding differences in outcomes achieved across program sites.

In addition to the proposed evaluation of family preservation programs, other research and evaluation efforts are needed to address such questions as worker decisionmaking and quality control, the rate of unnecessary foster care placements that currently occur and the range of services needed to address the needs of children and families.

**Defining the Target Population --
Imminent Risk and other Criteria**

Policymakers' expectations that family preservation programs will only serve families at risk of imminent placement are not being met. To a large extent, the child welfare system is a "worker driven" system. The attitudes and experiences of workers who are responsible for referring families often seem to outweigh any official criteria for determining how and by whom family preservation services are utilized. Some workers are motivated to find the best available services for all families they serve and will refer families who, although faced with serious problems, would be unlikely to have a child placed in foster care. For other workers, questions about a family's willingness to change behaviors and concerns for the well-being of a child may result in "erring on the safe side" and placing children in foster care rather than risk an unsuccessful referral to family preservation.

Supervisors and managers are reluctant to question worker decisions. Although most program managers are aware that imminent risk criteria are not consistently applied, not all

managers are seeking to correct the problem. Other program managers, however, acknowledge the need for change in this area and have expressed a willingness to change current operating procedures (at least during a future evaluation) to ensure that families referred for service are at risk of imminent foster care placement.

Defining Family Preservation Services

Family preservation programs as implemented in a number of jurisdictions encompass a broader array of service delivery models than policymakers assume. While most policymakers defined family preservation in terms similar to that of the Homebuilders program in Tacoma, Washington, the models employed in some jurisdictions do not necessarily provide the same intensity of service or 24-hour access to services. However, there are enough programs providing treatment interventions similar to the Homebuilders model to permit an evaluation encompassing multiple sites.

Programs included in an evaluation should: (1) have caseload sizes not larger than four cases per worker; (2) provide between five to twenty hours of home-based services per week; (3) provide services 24 hours a day, seven days a week; and (4) provide services for a limited time period -- four to eight weeks.

CONCLUSIONS

In order to conduct an evaluation of family preservation programs, several issues need to be resolved:

- Procedures must be established for ensuring that families referred for family preservation are truly at risk of experiencing an imminent foster care placement;

- An evaluation design that employs random assignment of families to either a treatment or control group or establishes a comparison group of families referred but not served due to lack of program capacity should be implemented.
- Initially, an evaluation should be limited to programs employing a similar treatment intervention. Programs similar to the Homebuilders model in terms of duration, intensity and 24-hour access to in-home services should be included for consideration.
- Contextual factors are likely to vary among program sites and may seriously impact on findings. These variables must be identified and their affect documented as part of any national evaluation.

The findings of this study suggest that the issues identified above can be resolved in a manner that would permit a national evaluation of family preservation programs. The companion document to this report, *The Evaluation Design for Family Preservation Programs*, provides details of the proposed evaluation design.

CHAPTER I

INTRODUCTION

A. Purpose of the Study

Although there is no uniformly accepted definition of "family preservation programs," for purposes of this report they are defined as short-term, intensive home-based services provided to families in crisis. The purposes of family preservation activities are ensuring child safety, strengthening families' ability to care for their children, and thereby preventing foster care placement. In existence since the early 1970's, interest in these programs has now reached unprecedented levels -- as concern for the welfare of children and the cost of government operations have risen. Legislation pending in Congress would authorize federal funding for the development of family preservation programs and mandate rigorous evaluations of the outcomes of these programs.

Such programs have considerable support among policymakers, administrators, child welfare staff and children's advocates. Early studies of family preservation programs as well as anecdotal information provided by program staff and families suggested that the program brought about positive changes in families and reduced the need for foster care placement. However, closer scrutiny of various family preservation program evaluation findings suggest that methodological problems or inconsistencies in program implementation raise questions about the efficacy of the program. Some programs did not necessarily serve a population that was at risk of imminent foster care placement. Other programs did not deliver services in a manner consistent with their program's design. Many evaluations did not include control or comparison groups. Others identified comparison groups which were not truly comparable. Only recent evaluations have randomly assigned families to an experimental or control group;

however, the low rates of placement experienced by both the experimental and control groups raise questions about the true degree of placement risk experienced by these families. The limited, and somewhat inconsistent evaluation findings -- coupled with the methodological problems -- raise serious questions about the value of existing evaluation data for policymakers and program managers.

Thus, the purposes of this study were to:

- Identify differing goals with regard to program objectives, clients to be served, and evaluation methodologies among the many stakeholders involved in family preservation;
- Clarify areas of agreement, disagreement, and areas that are undefined and unresolved;
- Define the environment in which family preservation programs are implemented and identify ways it affects program operations and evaluation;
- Propose measures of program effectiveness that take the factors listed above into account; and
- Develop a family preservation evaluation design(s) that takes into account the factors listed above.

B. Methodology

1. Overview of the Evaluability Assessment Process

The Evaluability Assessment (EA) process aims to produce a reasoned basis for proceeding with an evaluation that will generate findings that are credible and useful to policymakers, program management and other interested parties. It is based on developing several levels of program description -- reflecting the perspectives of policymakers, program managers and program staff and evaluators on common program design features, such as objectives and application of resources. If there are crucial gaps in program descriptions, a divergence of views concerning program intent or operations -- or if the data required to measure program performance are unavailable -- these issues must be resolved before a

program can be considered evaluable. Thus, an evaluable program implies that an evaluation can produce a measured statement of program performance that addresses policy and program information needs.

2. Data Collection

The EA process of developing program descriptions requires collecting data from existing published and unpublished research literature, program documents, interviews with stakeholders and staff, and direct observation. Data were gathered through the following activities.

- **Literature review.** Literature on family preservation programs and prior program evaluations were reviewed to identify variations in scope and type of family preservation efforts, the findings of past evaluation efforts and the methodologies used in prior evaluations. A bibliography is provided in Appendix A.
- **Telephone discussions.** Telephone discussions were held with family preservation program representatives in ten states to learn more about their programs and to identify any unpublished, related research and evaluation efforts.
- **Site visits.** Four family preservation programs were selected for field study: Homebuilders in Tacoma, Washington; the Intensive Family Services Program in Montgomery County, Maryland; Families First programs in Detroit, Michigan and family preservation services in Allamakee County, Iowa. These programs offer some variation in program design as well as rural, suburban and urban locations.
- **Technical advisory group.** A technical advisory group comprised of policymakers, program managers and evaluators was formed to provide input and review in the development of evaluation design. Discussions were held with all members of the group individually at the onset of the study. The members met as a group early in the study to further discuss key issues and their implications for the evaluation design. They met again after the completion of the site visits to discuss findings and evaluation design alternatives. (Appendix B contains a list of technical advisory group members).

Integrating information from all of these sources posed certain challenges. First, the number of people consulted at each site was determined by the organizational structure and

size of the child welfare system and family preservation program. Although topic guides were used to ensure that all pertinent issues were discussed at each site, quantitative data indicating the number of persons giving a specific response cannot be developed.

Second, in arranging the site visits, the participating agencies were assured that we were not evaluating their family preservation programs, but were seeking to obtain sufficient information about family preservation programs in order to develop an evaluation design. During our site visits, staff members were encouraged to talk openly with us based on our assurances of confidentiality. As a result, we received excellent cooperation and candid responses; however, we are not able to prepare site-specific analyses of these programs without violating our confidentiality commitments. Although we present factual descriptions of family preservation program characteristics, we present only composite descriptions of issues and problems that occur in program implementation.

C. Purpose of this Document

The efforts undertaken during this study have resulted in two final documents. In February 1993, An Evaluation Design for Family Preservation Programs was delivered that provides a summary of the key issues examined during the EA and sets forth a specific evaluation design and implementation plan for future evaluations of family preservation programs.

This second document provides additional information on the findings of the EA that established the basis for the recommended evaluation design in the earlier report. Included in this report is a review of the key study issues, the findings and implications of previous evaluation efforts, and the description of family preservation programs from the perspective of policymakers, program managers and program operations staff.

CHAPTER II

KEY ISSUES IN EVALUATION

During the early stages of this study, existing literature on evaluations of family preservation programs was reviewed. In addition, discussions were held with those individuals responsible for conducting many of the recent evaluations to obtain their perspective on the key issues involved in evaluating family preservation programs. Through this process, several programmatic and methodological issues were identified that guided future discussions with policymakers, program managers and staff. A brief review of the literature review findings and key issues identified is provided below.

A. Past Evaluations: Findings and Limitations

Exhibit 2-1 provides a summary of selected evaluations of family preservation programs. The findings presented in this exhibit indicate that families receiving family preservation services had generally low rates of placement, ranging from only 10 percent of the cases in Maryland to 43 percent in New Jersey and Utah. Unfortunately, all of the studies experienced problems either in the ways in which programs were implemented or in the methodologies employed during the evaluation. The following types of problems were noted.

1. Limited Use of Control or Comparison Groups

Early studies of family preservation programs typically did not employ control or comparison groups. Thus, while studies identified that families receiving family preservation services experienced low rates of foster care placement, it is not possible to attribute these

Exhibit 2-1: Findings from Selected Family Preservation Program Evaluations

| Program | Time Period | Sample Size | Use of Comparison Group | Measures Used | Findings |
|---|--|---|--|--|---|
| (CA) Families First of Davis, CA evaluated by Univ. of CA, Davis. | One year | 50 families. | Wait-list (families referred for whom no practitioner was available) comparison group | Rate of placement | Twice as many children in comparison group were in out-of-home placement, 51% versus 26%. |
| (CA) California - 8 intensive in-home service demonstration projects evaluated, Walter R. McDonald and Associates, Inc., May, 1990. | Six months | 304 families. | Third year of evaluation included a randomized experiment. Experimental and control groups both contained 152 families with 356 and 357 children, respectively | Rate of placement; time in placement | Third year: 25% of experimental families and 20% of control families experienced a placement; children in experimental group spent less time and were placed later in out-of-home arrangements. |
| (IL) Families First. Preliminary results from the Illinois Family First Program Little, Schuerman and Rzednicki. | Six months (will continue for 17 months) | 682 families evaluation will eventually cover 2,000 families. | Randomized study of program effects. 409 families assigned to Families First; 273 families to the comparison group. | Rate of placement and abuse and neglect allegations. | Placement rates for experimental group was 19 percent and 15 percent for comparison group after six months. |
| (MD) Intensive Family Services (IFS), Maryland Department of Human Resources 1984. | At completion of service | 100 families. | No comparison group used | Rate of placement | Only 10% of families experienced placement |
| (MI) Michigan's Families First Program, University Associates, Lansing, Michigan, March, 1992. | Twelve months | 550 children. | Comparison group of children exiting foster care and returning home were matched with children receiving family preservation services, 225 matched pairs of children. | Rate of placement | 23.6 percent of Families First children placed 35.1 percent of comparison group reentered foster care. |
| (MN) Ramsey County. Evaluation, 1983. | Three months | 74 single parent, unemployed families. | Random assignment to traditional child protection unit or family-centered home-based services. Experimental group excluded children extremely likely to be placed in substitute care within the next three months. | Rate of placement | Three months after termination, 67% of experimental group families were intact and 45% of control group families. |

| Program | Time Period | Sample Size | Use of Comparison Group | Measures Used | Findings |
|---|--|--|--|---|--|
| (MN) Hennepin County pilot program was evaluated by the Center for the Study of Youth Policy, Univ. of MN 1986. | -- | 58 families treatment, and 58 control. | Comparison group constructed by random selection of adolescents eligible for the home-based project but for whom no opening existed at time of approval for placement. | Rate of placement; restrictiveness of placement | Home-based services group used 21% of "available placement days" vs. 32% for the comparison group. When shelter or respite placement were excluded, treatment group used only half as many placement days (15% vs. 30%). Placements for treatment group were less restrictive and more likely to be evaluated as successful. |
| (NE) Two Protective Service Units, Leeds 1983-1984. | Average 155 (5.2 months) days after cases opened | 37 families. | None | Placement prevention and reunification rates | 15 of 29 placement prevention cases were closed at 155 days; two of eight reunification cases were closed; 27 of the 29 children remained at home (93%) and three of eight reunifications were successful (38%). |
| (NJ) Four county child protective service agencies. Feldman, 1991. | One year | 117 families in treatment group; 97 families in control group. | Random assignment to treatment and control groups. | Rate of placement | At end of first year, 43% of the treatment families had a child enter placement, compared to 57% of controls, not statistically significant difference. |
| (NY) Homebuilders (Bronx, NY site). Evaluation conducted by Mitchell, Tover and Knitzer, 1989. | One year | 45 families. | Comparison group of families not accepted into program for a number of reasons. | Rate of placement; scores on child well-being scales. | Averted placement for 80% of total sample at three months, 74% at one year. Small but statistically significant increase in scores on Child Well-Being Scales. Placement rates not significantly different from those of comparison group. 83% of intervention group avoided placement at three months, 75% at one year. |

Exhibit 2-1, Continued

| Program | Time Period | Sample Size | Use of Comparison Group | Measures Used | Findings |
|---|-----------------------------------|--|---|---|---|
| (OR) Intensive Family Services, Showell and Hartley, 1983. | One year | 212 families; one quarter were protective services cases. | None | Rate of placement | 12% of families had child enter care during treatment; one year later, 26% of families had at least one child in care. |
| (OR) Intensive Family Services in Pendleton and Portland; and (MD) Intensive Family Services in Baltimore. National Resource Center on Family Based Services, 1991. | Two years; 6 months | 304 families; 100 families. | Comparison among groups receiving different duration of service | Rate of placement | 17.1% placement rate in Pendleton; 13.7% in Portland; and 12.5% in Baltimore. |
| (TN) Home Ties Program, University of Tennessee, Social Work Office of Research and Public Service, 1991. | Multi-year (originally four year) | 1189 families; 1374 children in treatment group. | Overflow comparison group originally planned; size of comparison group too small (31 families) to conduct study | Rate of placement | 15% of children placed at six months. |
| (WA) Homebuilders (Univ. of Utah Research Inst. at the Graduate School of Social Work with Behavioral Sciences Institute) and (UT) Homebuilders program, 1988. | 12 months of the treatment | 263 families in treatment (Utah 76; Washington 187) 26 families from Utah in comparison group. | Comparison between Homebuilders program and similar Utah Program; also used overflow model in Utah to create a comparison group | Rate of placement defined as two weeks or longer in out-of-home care used as measure of success | Twelve month follow-up showed 34% of Homebuilders families had a placement. For Utah, 43% of the families had a placement; 85% of comparison group had a placement or ran away. |

outcomes to the receipt of family preservation services. Maryland's study of its Intensive Family Services Program is one such example.

In other instances inappropriate comparison groups were used. For example, in the evaluation of Michigan's Families First Program, families receiving family preservation services were matched with families who had a child exiting foster care. Thus, the re-entry rate into foster care for the comparison group was compared to the rate of entry for children in the treatment group who may or may not have experienced prior foster care placement.

Inadequate sample sizes also posed problems in previous studies. A study of the family preservation programs in Washington and Utah (Frazer, M., et al.) established a comparison group comprised of families who were referred to Utah's family preservation program but were not served because no vacancies were available; however, only 26 families were assigned to the comparison group. Although the findings indicate that 84 percent of the families in the comparison group experienced a foster care placement compared to only 43 percent of the families receiving services, the small sample size does not permit definitive conclusions to be drawn from this study.

Three more recent studies did employ random assignment methods for establishing a control group -- the evaluation of California's family preservation programs by Walter R. McDonald and Associates, the Illinois Families First Evaluation conducted by Chapin Hall (Schuerman, J. et.al.) and the New Jersey evaluation of its family preservation programs (Feldman, L.). Although these studies encountered other problems, they demonstrated that it is feasible to design a family preservation program evaluation that is based on a random assignment model. Therefore, a key question explored throughout this study with the various

program managers and staff was whether or not sites would be amenable to implementing an evaluation based on random assignment.

2. Defining Imminent Risk

The three studies noted above which employed random assignment models found no significant differences in the rates of placement between the control and experimental groups. In Illinois and California the placement rates for both groups was extremely low (less than 25 percent for both groups in either study). These findings raised serious questions about the nature of the population referred for family preservation services. If families were truly at risk of an imminent foster care placement, the placement rate among the control would be expected to be much higher than observed. This has led many researchers to question whether family preservation programs are serving the population intended by policymakers. Therefore, a major focus of the evaluability assessment was to: (1) document existing procedures for determining imminent risk; and, (2) explore the feasibility of altering existing referral practices during an evaluation to ensure that only families who are at risk of imminent placement are included in a future study.

3. Definition of Family Preservation Programs

All of the programs in Exhibit 2-1 identified themselves as family preservation programs. Yet descriptions of the programs varied along several key dimensions -- intensity of service, duration of service, accessibility of services and types of services available.

Such differences in program operations makes it difficult to compare findings across studies. Therefore, other key issues examined during this study were: (1) the differences in operations among programs defining themselves as family preservation programs; and, (2) the

feasibility of selecting a subset of programs that implemented a comparable model of family preservation services.

4. Measures of Program Outcomes

The focus of prior evaluations of family preservation programs has been on measuring the extent to which they reduced foster care placements. Although many studies included other measures, such as reductions in re-allegations of abuse and neglect, client satisfaction with services, and various measures of improved family functioning, less attention has been paid to such findings.

The problems noted above concerning the difficulties in targeting a population that was at risk of imminent foster care placement, has led to suggestions that measurements of foster care placement reduction be abandoned (or play a minimal role) in examining family preservation program outcomes. Therefore, a major focus of this study was the examination of family preservation program goals and acceptable measures of goal attainment as perceived by the various stakeholders.

5. Child Welfare System

Each of the family preservation programs evaluated operate within the broader context of the child welfare system in their county and state. The criteria for defining abuse and neglect, procedures for investigating allegations, child protective services workers' attitudes and philosophies toward foster care placement, and the availability of alternative home-based service delivery programs have been observed to affect the way in which family preservation programs will operate. Nevertheless, the effects of such variables on family preservation services have not been adequately identified and documented. Thus, another focus of the

evaluability assessment was to more fully explore the nature of the child welfare system and the ways in which specific contextual variables influence program operations and ultimately program outcomes.

6. Data Availability and Accessibility

Most evaluations of human services programs are limited by their ability to access data concerning the characteristics of the target population, the nature of the services provided and the outcomes that were achieved. Studies of family preservation programs have proven to be no exception. During the evaluability assessment efforts were undertaken to identify potential problems in collecting data necessary to measure program outcomes.

B. Key Study Issues

The evaluability assessment was structured to address those issues that proved the most difficult to resolve in prior evaluations. Exhibit 2-2 defines the key study issues and identifies the chapter and section associated with each issue. Chapters III through VI of this report are organized to describe and compare family preservation programs along four key dimensions by policymakers, program managers and operations staff. These dimensions are the goals of family preservation and related outcome measures; a description of the child welfare system and its affect on how family preservation program operate; defining the target population; defining the characteristics which distinguish family preservation programs from other home-based service delivery programs.

The perceptions of all stakeholders, including policymakers, program managers and operating staff were documented for each dimension.

Exhibit 2-2: Key Evaluation Issues

| <u>Issues</u> | <u>Chapter Location</u> |
|---|--|
| <u>Evaluation Design</u> <ul style="list-style-type: none"> - What strategies are feasible? - Would existing programs cooperate with a design employing random assignment of families to an experimental or control group? | Chapter 7, Section B |
| <u>Defining The Target Population</u> <ul style="list-style-type: none"> - How is imminent risk currently defined by policymakers? - How does this differ from the perceptions of managers and staff? - What are the implications for a future evaluation? - Would program managers modify existing procedures to accommodate the evaluation design parameters? - What criteria should be established for defining programs to be included in an evaluation? | Chapter 5, Section A Chapter 5, Sections B and C Chapter 5, Section D Chapter 7, Section A2 Chapter 7, Section A1 |
| <u>The Affect of the Child Welfare System on Family Preservation</u> <ul style="list-style-type: none"> - What characteristics of the child welfare environment affect who receives family preservation services and how such services are delivered? - What are the implications for a future evaluation of family preservation programs? - What other policy research issues are identified that relate to the delivery of child welfare services? | Chapter 4, Section A-C Chapter 4, Section D Chapter Sections B and D |
| <u>Program Goals and Measures of Goal Attainment</u> <ul style="list-style-type: none"> - What are the program goals as defined by policymakers? - How does this differ from the perceptions of program managers and staff? - What are the implications for a future evaluation? | Chapter 3, Section A Chapter 3, Section B and C Chapter 3, Section D |
| <u>Defining Family Preservation Programs</u> <ul style="list-style-type: none"> - How do policymakers define family preservation? - What are the similarities and differences among programs that identify themselves as family preservation programs? - What program variables may be critical in explaining program outcomes? - Should the full range of programs be included in an evaluation of family preservation programs? | Chapter 6, Section A Chapter 6, Section B and C Chapter 6, Section C and D Chapter 6, Section D Chapter 7, Section A-1 |
| <u>Data Availability</u> <ul style="list-style-type: none"> - What are the data elements required for a future national evaluation of family preservation programs? - Are the data available? From what services? - To what extent are data available in existing records and information systems? What primary data collection efforts would be required? | Chapter 8, Section C |

Each group of stakeholders was defined to include the following:

- **Policymakers:** This included federal administrators responsible for establishing child welfare policy, congressional staff involved in developing new program legislation, foundations funding family preservation efforts, and state legislative staff involved in developing, authorizing and funding family preservation programs.
- **Program managers:** This included state and local child welfare directors and their deputies responsible for providing child welfare services and establishing procedures for referring cases to family preservation programs. Directors of family preservation programs, whether they are part of the public child welfare agency or employed by a private agency are also part of this group.
- **Operations staff:** This included child protective services staff responsible for referring cases to family preservation programs, foster care workers, ongoing child protective services workers, other child welfare services personnel responsible for delivering services to clients, and family preservation program workers.

Findings concerning the feasibility of alternative design strategies (especially designs employing random assignment of families), the feasibility of restructuring current operating procedures to be better able to measure the program's ability to reduce foster care placement, and the availability of the data necessary to support future evaluation efforts are presented in Chapter VII. Chapter VIII presents the study conclusions and identifies the recommended parameters for an evaluation.

CHAPTER III

PROGRAM GOALS AND RELATED OUTCOME MEASURES

The goals of family preservation programs establish the basis for developing program outcome measures that can be used to determine program performance. For a program to be "evaluable" there must be agreement among stakeholders concerning appropriate measures of success.

A. Policymakers

Simply stated, policymakers believe that family preservation programs were intended to improve family functioning and child well-being to a degree that would alleviate the need for foster care placement. Therefore, in translating program goals into measurable objectives, evaluation indicators of improved family functioning alone would not provide an adequate basis for answering the question of program effectiveness. Policymakers believe that ultimately, the evaluation must determine whether or not there was an actual reduction in foster care placements.

For some policymakers there was an added expectation that family preservation services will be less expensive than foster care. They perceive family preservation programs as ultimately reducing the costs of the child welfare system. Thus, for an evaluation to be useful to policymakers, it must determine the cost effectiveness of family preservation relative to foster care.

In the State of Washington, support by the legislature for Homebuilders, operated by the Behavioral Sciences Institute, has been consistent and expanding. Typically it is considered the prototype for other family preservation programs around the nation.

Legislative staff in Washington described support stemming from three groups of state legislators:

- **Program liberals:** This group includes legislators seeking an expanded array of services for children and families in need. Generally, they are concerned with identifying services that are supportive of families. Foster care was perceived as "punishing" families with problems rather than helping them, while family preservation programs are seen as emphasizing and enhancing a family's ability to care for their children.
- **Program conservatives:** This group includes legislators who seek to minimize the nature and extent of government's involvement in the lives of families. Family preservation is seen as a short-term and less intrusive approach to assisting families than foster care.
- **Fiscal conservatives:** This group of legislators is primarily concerned with the rising number of children being placed in foster care and the resulting child welfare cost increase. By reducing foster care placements, they hope to reduce child welfare expenditures.

In short, without the support of all three groups of legislators, the family preservation program would not have received the level of financial commitments it currently enjoys.

The views of policymakers in the State of Washington on program rationale and expectations parallel those of officials in other states and federal government officials. The individuals with whom we spoke had different philosophies underlying their interest in family preservation programs and therefore, have somewhat different expectations about the program and how its outcomes should be measured. While there is agreement on the importance of measuring child well-being and family functioning, most policymakers expect family preservation programs to reduce the number of children placed in foster care and cut child welfare expenditures.

B. Program Managers

Child welfare directors and program managers recognize that policymakers funded their programs with the expectation that the programs would lead to a reduction in foster care

placement. Although program managers share this expectation, they tended to take a more long-term view of reduction in foster care placements. While policymakers believe that family preservation services are provided when the only alternative is immediate foster care placement, program managers consider family preservation services appropriate if a family's characteristics suggest foster care placement may eventually be necessary. For example, a young, single, AFDC mother with three children may be experiencing difficulties providing adequate care for and supervision of her children. The situation may not be serious enough to suggest foster care placement; however, it might eventually deteriorate to that point.

Child welfare directors and managers have been faced with a rising number of child abuse and neglect allegations and an increasing number of cases involving status offenders. Although the problems facing these families are serious, the majority of them do not enter foster care. To child welfare directors, family preservation programs provide a resource to help these families as well as families at risk of imminent foster care placement. Consequently, they consider the goals of improved family functioning and child well-being as more immediately applicable to a greater proportion of the families that they serve. They believe that by providing family preservation services to families at long-term risk, a smaller number of families will eventually reach the stage of being at risk of imminent placement.

C. Program Staff

In each of the four programs visited, discussions about the goals of family preservation programs were held with child protective services staff and others who are responsible for making referrals to family preservation programs. Family preservation program workers were also consulted.

Like program managers, child protective services staff and other referring workers share family preservation goals of emphasizing the program's ability to ensure child safety and improve family functioning. Staff tend to acknowledge that ultimately, the goal of family preservation is to prevent foster care placement, but they do not necessarily perceive it to be the most important or immediate goal.

Staff note that family preservation programs fulfill additional, typically unstated, goals as well. First, these programs provide an opportunity for an in-depth assessment of the family and child. Since child protective services staff often have limited information about the family and relatively little time to adequately complete an assessment, a referral for family preservation services is one way to ensure that a more complete assessment of the potential harm to the child and the need for foster care occurs.

Second, workers are typically required to document for the court that "reasonable efforts" were made to prevent foster care before seeking a court order for placement. The provision of family preservation services may fulfill this requirement and provide more detailed documentation on the need for foster care. Although this reason was less frequently cited by child protective service workers, staff in one state expressed concern that the program was used for this purpose in counties where judges required extensive "proof" that all other alternatives to placement had been exhausted. Moreover, there was concern in their state that pending legislation to mandate family preservation services for all families prior to placement would exacerbate the use of the program for "documentation" purposes.

Family preservation program staff at each of the visited sites view the goals of their program somewhat differently. At three sites, staff clearly understand that the intent of their programs is to avoid foster care placement. At the fourth site, the goal of foster care placement prevention was not generally acknowledged. Although staff think their efforts

might result in preventing placement, they did not believe the families they serve are at imminent risk for placement. Instead, they believe their program provides a mechanism for serving families who would otherwise not receive any services or have their child placed in foster care. For these staff, the family preservation program is a way to keep families from falling through the cracks of the child welfare system.

Although program staff at the other sites understand that their goal is to prevent foster care, they believe their efforts should be judged by their ability to diffuse the immediate crisis that is likely to lead to foster care placement, improve communications among family members, and reduce social isolation. Many program staff note that the families they serve have been unsuccessfully served by other preventive services programs. They see their goals as that of motivating families and helping to establish linkages to other services that families can access after family preservation services end. While they believe it is realistic to expect that family preservation services can diffuse the immediate crisis, they believe the availability of other services is essential to preventing the need for foster care placement in the future. Therefore, they question the realism of program measures that pertain to long-term avoidance of foster care.

D. Summary

Although stakeholders have similar program goals generally -- all agree that the programs are designed to secure child well-being and improve family functioning -- there is considerable disagreement over the extent to which the family preservation program is expected to reduce the need for foster care placement. There is also disagreement over the immediacy with which such reductions can be achieved. Most policymakers consider establishing a link between family preservation services and a reduction in foster care

placement to be essential while program managers and staff consider foster care avoidance as a by-product of the program -- one that may not be immediately applicable to all of the families served and may not be due to the receipt of family preservation services alone.

The differences among stakeholders in expectations concerning the goals and outcomes of family preservation programs have several implications. From a program oversight standpoint, these differences mean that programs may operate somewhat differently than policymakers expect -- and are therefore unable to demonstrate the desired outcomes of policymakers. (See Section C for a discussion of the effect on program operations.) From an evaluation standpoint, there is a serious dilemma. An evaluation that has outcome measures that are not plausible to achieve is poorly designed. An evaluation that ignores the outcomes of interest to policymakers is not likely to be useful. As will be discussed in detail later, such differences must be resolved before a national family preservation evaluation can be conducted.

CHAPTER IV

DESCRIPTION OF THE CHILD WELFARE SYSTEM AND ITS AFFECT ON FAMILY PRESERVATION PROGRAMS

Before examining the way family preservation programs operate -- as well as the characteristics of the population they serve -- it is important to understand the child welfare context in which family preservation services are delivered. Other aspects of a child welfare system that affect family preservation programs include: resource allocations; the availability of related services to support and follow-up on family preservation services; the level of support of child welfare administrators; and the attitudes and belief systems of child welfare workers. Each of these stakeholder groups understands and focuses on different aspects of the child welfare system and its effect on family preservation program operations. But it does not appear that any stakeholders fully understand the number and complexity of factors in the child welfare system that affect family preservation programs. The contextual issues raised by each stakeholders group are discussed below.

A. Policymakers

Many policymakers expected passage of P.L. 96-272, the Adoption Assistance and Child Welfare Act of 1980, to address previously identified problems -- especially the low use of preventive services prior to making foster care placements and the lack of permanency planning efforts on behalf of children who were placed in foster care. As a condition of receipt of federal funds for foster care, P.L. 96-272 required court certification that reasonable efforts to prevent foster care were made. Unfortunately, the law did not define "reasonable efforts", nor did it specify the nature of the services to be provided, or allocate adequate funds for such services. Foundations, state legislatures, and federal demonstration projects

have looked to family preservation programs as a mechanism for carrying out the intent of P.L. 96-272. Initially, limited funds were allocated for establishing family preservation programs. More recently, some states, including Michigan, Illinois, California and New York have begun establishing larger, statewide programs.

At the same time, external factors affecting the child welfare system have, in turn, impacted family preservation programs. Overall, policymakers at the state and federal levels are aware of the rising number of abuse and neglect cases and the increasing need to serve families with problems of serious drug addiction and homelessness. They are also aware of the growing public outcry over child fatalities, the increased lawsuits against child welfare agencies by child advocates for the system's failure to adequately protect children, and the lack of adequate staff and foster parents. Understandably, policymakers do not have a detailed knowledge of how the child welfare system operates, its components and their interrelationships, and how other problems facing child welfare agencies affect the delivery of family preservation services. As a consequence, policymakers may have unrealistic views about how family preservation programs actually operate, the degree of support these programs receive from other parts of the child welfare system, and the level of success family preservation programs can achieve in such a complex environment.

B. Program Managers

While state and local child welfare directors we interviewed support family preservation programs, they also expressed several concerns about the relationship between these programs and other parts of the child welfare system. They also were concerned by the changing characteristics of the children and families they serve. These issues are described below.

1. Unnecessary Placements

Extensive development of family preservation programs is predicated on the assumption that a considerable proportion of the foster care placements occurring today would be avoidable if family preservation services were more widely available. To date, there has not been rigorous research to identify the rate of "unnecessary" foster care placements. Moreover, many child welfare administrators wonder whether this problem is as widespread as many policymakers and advocates of family preservation programs believe. In some jurisdictions, (e.g., Iowa, Washington, Missouri) foster care review panels established to review placement decisions have generally supported the need for most of the placements made.

Child welfare administrators also point out that the number of foster family homes has declined at the same time that the number of cases of abuse and neglect have risen, prompting agencies to be more cautious in their use of available foster care resources. One child welfare administrator notes that, although the number of allegations of maltreatment has risen in recent years, neither the number of children placed in foster care nor the number of families receiving home-based services has increased. She says that "we keep changing the standards for determining the need to intervene in order to match available resources."

2. Denigration of Foster Care

The strongest advocates for family preservation programs acknowledge that there will always be instances when foster care is required (at least for a short time), however, child welfare administrators note that advocacy for family preservation programs (as well as negative publicity concerning the quality of care in foster homes) have tended to denigrate the need for, and value of, well-trained foster parents. Such attitudes have made it difficult to

secure increases from state legislatures for foster care maintenance payments and other services needed by foster parents. While foster care was once seen as a service at one end of a continuum of service delivery options, it is now perceived as being a problem that must be addressed. Child welfare directors believe the result has been further reduction in the quality and availability of foster homes.

3. Caseload Characteristics

Program managers also note that many of their cases need services other than those provided by family preservation programs. Most notably, they refer to the increasing number of families with substance abuse problems and the increasing number of families who are homeless or who have inadequate housing. For those families in which the primary caretaker is seriously addicted and/or may also be involved in the sale and distribution of drugs, they believe foster care placement is the only way to ensure the safety of the child. For families with housing problems, assistance in locating and paying for housing may be all that is needed to provide a safe environment for the child. Realistically, unless other services are provided, family preservation programs may not reach their goals. For example, it is difficult, if not pointless, to expect a parent to focus on changing child-rearing practices when concrete needs for substance abuse treatment or permanent housing have not been met.

4. Availability of Follow-up Services

Although family preservation programs are believed to provide a powerful tool for alleviating short-term crises and helping to improve family functioning, chronic family problems usually cannot be fully resolved in a four-to-eight week intervention. Without linking families

to other complementary services, program managers question whether family preservation programs actually delay rather than prevent foster care placement.

5. Infrastructure of the Child Welfare System

For child welfare administrators, the depth and range of internal problems is daunting. The sole requirement for child protective services and other child welfare workers is typically a baccalaureate degree in any field of study. No additional experience and training is required. The in-service training programs of most child welfare agencies focus more on forms and departmental regulations than on skill development to help workers assess and deliver services to families. Salaries are low and caseloads unrealistically large -- resulting in high staff turnover rates. Furthermore, the use of computer technology to assist workers in tracking cases and enabling managers to plan and monitor services is inadequate at most child welfare agencies. As a result, questions have been raised about the child welfare system's ability to assess family needs and adequately determine the risks to a child's safety. Also in question is the system's ability to make appropriate referrals to family preservation or other programs as well as its ability to monitor the outcomes of these services.

For child welfare administrators, the problems just noted have a direct impact on the ability of family preservation programs to achieve their intended purposes. Consequently, while supporting the concepts of family preservation, the administrators express concern that increased interest by policymakers in family preservation programs might limit the availability of resources to address the full range of problems facing child welfare systems. From the perspective of some child welfare agency administrators, an over emphasis on family preservation could further diminish the likelihood of improving outcomes for families and children served by their agencies.

C. Program Staff

We asked child protective service workers and supervisors how well family preservation services meet the needs of the families they serve. In the course of these discussions, it became apparent that there is a considerable variation of opinion -- across program sites and among workers within a program site -- about the value of family preservation services. Such beliefs influence whether child protective services staff make referrals to family preservation programs, as well as the kinds of cases they refer. Program managers also noted extensive variations among workers and units in their referral patterns. Among workers' beliefs, attitudes and experiences that affect the use of family preservation programs are the following:

1. Agreement with the Family Preservation Program Philosophy

Family preservation programs are predicated on two fundamental principles: (1) children are best raised within their own families; and (2) even families that may appear extremely dysfunctional, want to care for their children and have the capacity to make changes that will help them to do so. To put it simply, child protective services workers do not necessarily agree with these principles. They question the willingness or the ability of some families to benefit from services. In many instances, families have histories of abuse or neglect and may have received other types of preventive services. From a worker's view, families have already been given the chance to correct a problem and have failed. Some workers do not believe that family preservation services will make any difference and will refer such cases to foster care.

2. Resentment Toward Family Preservation Programs

A key feature of family preservation programs is that staff work with approximately two or three families at any given time. Although small caseloads are not the only defining characteristic of a family preservation program, child protective services workers are extremely conscious of the difference between their own large caseloads (which may be 40 or more cases) and that of family preservation workers. They believe they could provide the same services as that of a family preservation program -- if only their caseloads were lower.¹ Moreover, they believe that by referring cases to family preservation programs, they will further ensure the growth of such programs -- at the expense of additional resources being allocated for child protective services or foster care. This problem may be exacerbated in jurisdictions that contract with private agencies to provide family preservation services. In Michigan, for example, there was considerable opposition from workers' unions to the development of these programs in the private sector.

3. Support for Home-Based Services

Not all problems stem from staff who disagree with or resent family preservation programs. Staff who support such programs also affect the way family preservation services are delivered and the populations who receive them. Even workers who question the ability of family preservation services to affect change in highly dysfunctional families may consider the services appropriate for families who have less serious problems and/or those who appear highly motivated to change. Many workers are extremely diligent in trying to help families in

¹Family preservation advocates do not believe this to be so. They believe that child protective services workers' approach to working with families stresses family deficits rather than their strengths. They consider their differences in philosophy as important a detriment to improving family functioning as having limited time to spend with a family.

any way they can and will refer families that they believe may benefit from the service, even if they do not meet any official criteria. The tendency for workers to do this is greatest in jurisdictions where no other home-based services programs are available.

The variation in worker attitudes and beliefs about family preservation programs is especially important in understanding how programs actually operate, the types of families that may be referred for services, and ultimately the extent to which programs can fulfill the expectations of policymakers.

D. Summary

Stakeholders in family preservation programs have different levels of understanding about the relationship of family preservation programs to other issues in child welfare. Understandably, policymakers possess a less detailed understanding of the interconnectedness of these issues. For child welfare administrators, the development of family preservation programs represents an important resource for serving their clients; however, they perceive that the lack of resources to improve other aspects of the child welfare system may ultimately work against the effectiveness of family preservation programs as well as limit their ability to provide services to children and families for whom family preservation services are not appropriate.

To a large extent, the child welfare system is a "worker driven" system. Supervisors and managers are reluctant to second-guess worker decisions. The attitudes and experiences of workers who are responsible for referring families often seem to outweigh any official criteria for determining how and by whom family preservation services are utilized.

The inter-relationship between family preservation programs and other aspects of the child welfare system has implications for the development of an evaluation design. First, it

points to the need to identify and document the programmatic environment at each site evaluated. These issues may be important in explaining observed outcomes for families, and for understanding differences in outcomes achieved across program sites.

In addition, the range of issues confronting child welfare agencies have led some to question the appropriateness of conducting an evaluation that is focused strictly on family preservation programs. Instead, they suggest that a broad evaluation encompassing the entire range of services delivered by child welfare agencies be conducted. Although the findings of this study support a separate evaluation of family preservation programs, separate evaluations of other aspects of the child welfare system are clearly needed.

CHAPTER V

DEFINING THE TARGET POPULATION -- IMMINENT RISK AND OTHER CRITERIA

Identification of the target population for services appears to be the aspect of family preservation programs in which actual program operations are markedly different from the descriptions of policymakers and program managers. Central to this issue is the way in which decisions are made regarding a family's risk of imminent foster care placement. Also at issue is the use of other screening criteria in determining those likely to benefit from services.

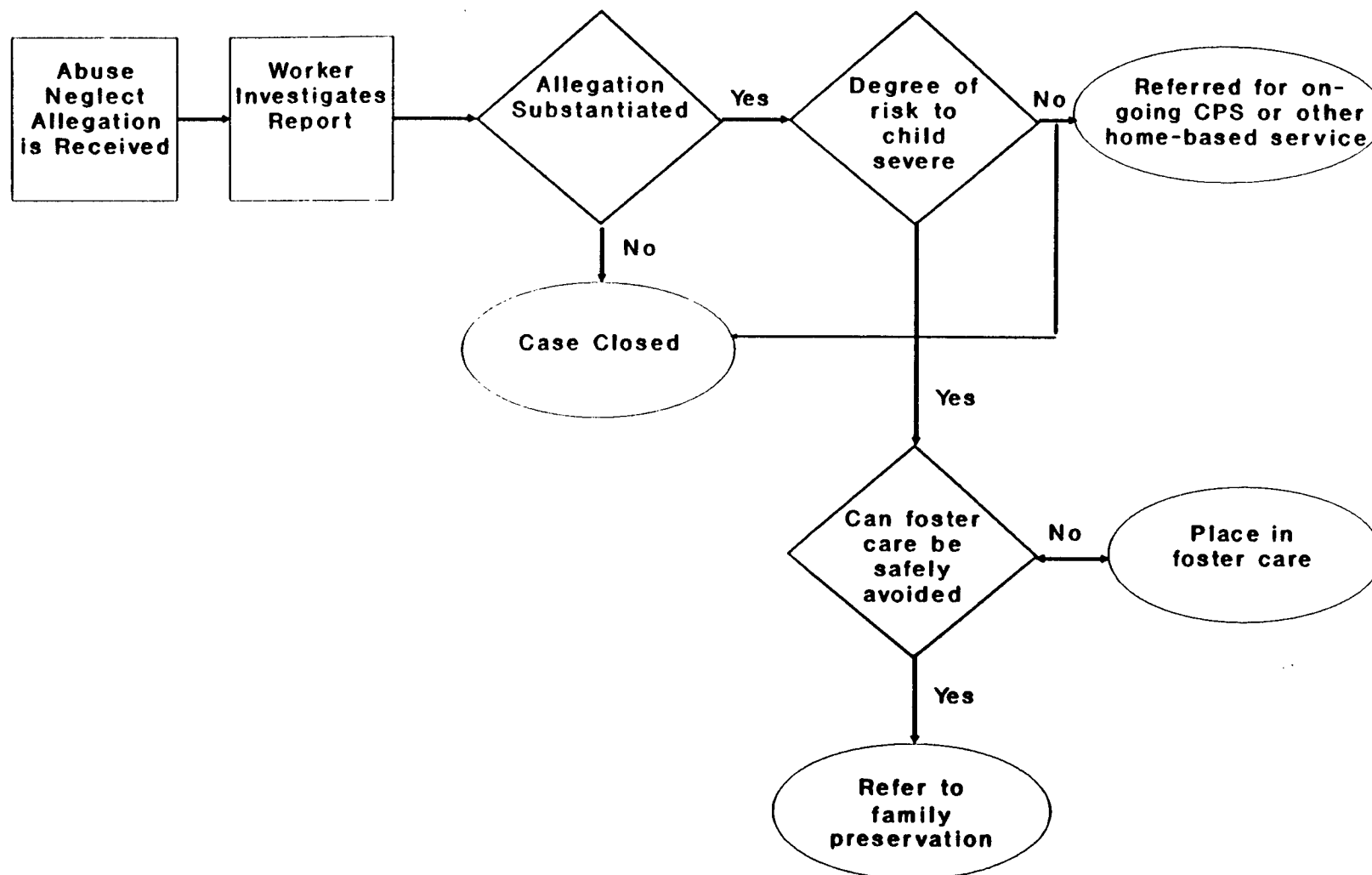
A. Policymakers

1. Determining Risk of Imminent Placement

Since most policymakers expect that family preservation programs will reduce the rate of foster care placements, they logically assume that the families referred for services will be those at risk of an imminent placement. Policymakers' understanding of the process by which abuse and neglect allegations are assessed, and decisions made regarding case referrals, is summarized in Exhibit 5-1. In essence, policymakers believe that:

- Workers make a determination as to whether a report is founded or unfounded, and that unsubstantiated cases are simply closed.
- When a case is substantiated, the severity of the maltreatment is determined and this in turn determines the type of action taken. Cases of lesser severity may be closed, continue to be monitored by child protective services, or be referred for some other home-based services.
- Cases involving severe maltreatment and high risk are referred for foster care placement. Before placement, consideration is given as to whether placement can be safely avoided if family preservation services are provided. If a worker believes that the intensive level of service provided by this program is sufficient to ensure the safety of the child, then they will refer a case for family preservation.

Exhibit 5-1: Policymakers' Perspective on the Decision-making and Referral Process



2. Other Case Characteristics Affecting Referral

Policymakers realize that some types of cases that are at risk of imminent placement may not be appropriate for family preservation. Typically, they question the ability of family preservation programs to effectively work with caretakers who have serious substance abuse or mental health problems, or who have been involved in sexual abuse. The use of other screening criteria raises two issues which have not been fully explored. First, there is no definitive research on the success or failure of family preservation services with different subpopulations. Although anecdotal evidence may tend to support theories about the likely success or failure of different subgroups, the lack of data to support such theories calls into question the appropriateness of imposing additional screening criteria.

Second, the use of additional criteria may contradict the consistent application of criteria concerning imminent risk. This would further reduce the likelihood that services would be targeted toward those who would otherwise enter foster care. For example, if 70 percent of the cases judged at risk of imminent placement involve substance-abusing caretakers, and all such cases are eliminated from receipt of family preservation services, then the ability of family preservation programs to affect foster care placement rates is extremely limited.

B. Program Managers

1. Imminent Risk

The child welfare administrators with whom we spoke describe the process of determining imminent risk and otherwise identifying the appropriate target population in two ways -- how it is supposed to work, and how it actually works. Although they would agree with policymakers about how decisions should be made, they have a more detailed understanding of implementation issues.

Virtually all child welfare administrators with whom we spoke acknowledge that the theory of how such decisions are made seldom works in practice. The model they describe as representing actual case practice is consistent with that provided by child protective services workers. It is described below. What is somewhat surprising is that awareness of the problem by child welfare directors has seldom translated into actions to remedy the problem. Many states and localities have developed or are in the process of trying to develop, formalized risk assessment scales. But child welfare administrators acknowledge that such scales do not adequately reflect the range of factors that affect decisions on foster care placement or other case actions. Moreover, other attempts to make imminent risk operational by defining it in terms of the probability that placement will occur in a specified number of days have also had only limited success. Workers simply arrange their assessment of risk to meet existing criteria.

In 1990, a research roundtable was convened by the National Association for Family-Based Services at their fourth annual conference. During a discussion about the definition of imminent risk, participants offered the various definitions used at their agencies or in their research designs. A list of definitions identified at the conference as well as the definitions identified during telephone discussions and site visits are shown in Exhibit 5-2. As the evidence in this exhibit indicates, some jurisdictions provide no formal criteria concerning imminent risk. Others have attempted to define a period of time in which placement would occur if family preservation services were not provided (ranging from one hour to six months). Still others rely on subsequent reviews of worker referrals to make a final determination.

Exhibit 5-2: Definitions of Imminent Risk Identified by the Research Roundtable

Criteria-Based Case Characteristics

- A child is at risk of harm and the parents cannot or will not receive services.
- A child is at risk of physical harm (to self and others) or emotional harm.
- Strong risk of placement at some point, due to various factors.
- Risk based on child's history and commitment record.

Criteria Based on Length of Time Until Placement Occurs

- Child would be placed in publicly funded out-of-home care within three days.
- Child would be placed if safety/basic needs could not be met in 24 hours.
- Child would be placed in seven days.
- Child would be placed within one hour.
- Within two weeks, some action toward placement would be taken.
- If the family preservation program were not available, the child would be removed immediately.
- Placement would occur within six months.

Criteria Based on External Case Review

- A child is due for a court hearing regarding placement.
- A court has recommended placement.
- A committee or team has decided that a child is at imminent risk.

2. Other Criteria

Some child welfare agencies have defined other case characteristics criteria that are used in screening out cases referred to their family preservation programs. In other agencies, no formal criteria exist -- but case history and presenting problems may be considered in

decisions to refer a case. Some examples of criteria used by state child welfare agencies are provided below.

- Maryland does not refer cases for family preservation if the family has a prior history of abuse and neglect allegations investigated by the agency, if there is a mental health problem, or if there is substance abuse on the part of the caretaker who is not enrolled in a treatment program.
- Iowa initially refers cases with chronic problems that are not likely to be resolved within six weeks to their family-centered services program rather than to family preservation.
- Tennessee will not refer delinquent youths charged with severe crimes (e.g., rape or murder).
- Missouri does not refer cases involving substance abuse, extreme mental deficiencies, or sexual abuse when the perpetrator is still in the home.
- Oregon and Utah do refer cases involving sexual abuse.

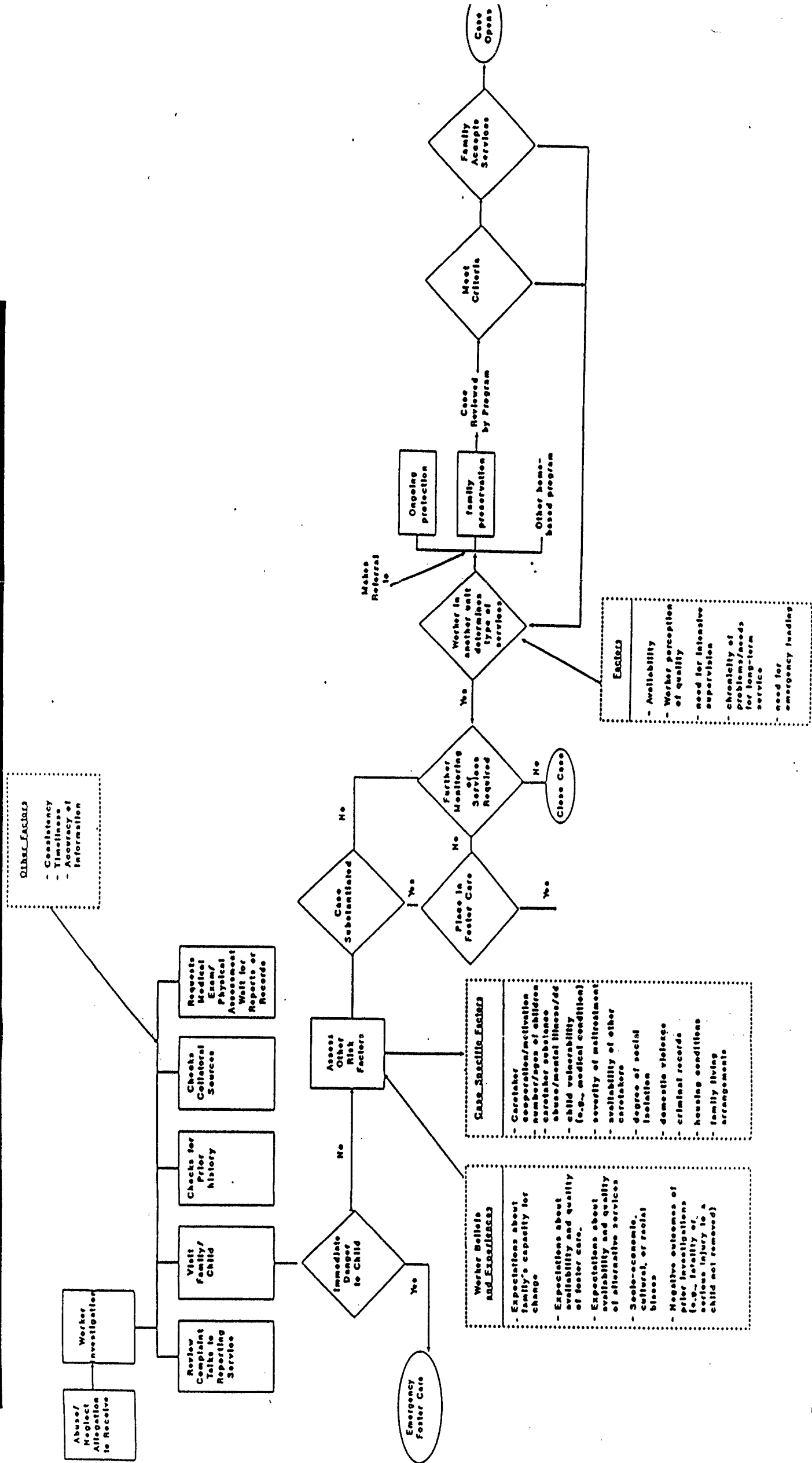
Originally, Homebuilders did not accept cases involving chronic substance abuse by the caretaker because of concern about the caretaker's ability to work with the program and the program's ability to ensure the safety of the child. More recently, Homebuilders, as well as other programs which follow the Homebuilders' model (such as Michigan's Families First), do not automatically reject families with substance-abusing caretakers. A decision not to serve a family with substance abuse problems due to concern for child safety is made on an individual basis.

C. Program Staff

1. Imminent Risk Criteria

The process by which staff investigate abuse and neglect allegations and make decisions regarding referrals to family preservation programs, foster care, or other services varies not only across sites but among different workers within a site. Exhibit 5-3 provides

Exhibit 5-3: Program Operator's Model of the Decision-making and Referral Process



a generic model of the process and the potential factors that may be considered in determining imminent risk of placement. When compared to the policymakers' model for determining imminent risk and referring cases to family preservation, the following key differences were noted.

a. Duration and Complexity of the Investigative Process

Policymakers do not have a detailed understanding of the complexity of the investigation process. The process of investigating a child abuse or neglect allegation and obtaining sufficient information to substantiate a case and determine the degree of risk involves a number of activities that may occur over an extended period of time. During this period, the assessment of the risk to the child may change more than once, making it difficult to identify the precise point when a final determination of risk for imminent placement should be made. A decision about the need for placement is likely to occur at least at two junctures: (1) upon immediate contact with the family and child; and (2) when more information about the child and family becomes available.

b. Factors Affecting Assessment of Risk

Whereas policymakers assume risk can be determined primarily by examining the nature and extent of the maltreatment, a larger number of case-specific characteristics also contribute to a determination of risk. The degree of caretaker cooperation and motivation for change observed by the worker, other characteristics of the caretaker, living arrangements and housing conditions, vulnerability of the child (age, disabling conditions), the number of siblings involved, the availability of other caretakers, and the degree of the family's social isolation are also taken into account. These objective factors are filtered by the beliefs and

experiences of workers regarding the quality and availability of foster care, family preservation, or other home-based services; their beliefs about the family's capacity to change; biases about families who are poor, less educated, or racially or culturally different than themselves; and their past errors in assessing risk in similar situations (e.g., when a fatality or serious injury occurred).

c. The Nature of the Decision-making Process

In the policy model, a decision is first made about the need for foster care placement. Where foster care placement is indicated, a decision is then made about whether the placement can be avoided if intensive services are provided. In reality, workers refer emergency cases to foster care without considering family preservation services as an option. The rest of their cases are considered in terms of what kind of services are necessary and appropriate for each family. Case actions for these families may include foster care, family preservation services, ongoing protective services, other home-based services, or case closing. It is from this non-emergency group that cases for referral to the family preservation program are selected. The distinction between these two models is important in determining whether or not family preservation programs will serve only families at risk of imminent placement. If the program operated as policymakers believed, then only families determined to be in need of foster care would be considered for family preservation services. Under the operating conditions observed, all families for whom placement can safely be avoided (at least temporarily) might receive family preservation services, including those who were never judged to be at risk of imminent placement.

d. Decisions Regarding the Type of Home-Based Services

The need for intensive supervision is only one of many factors that may be considered in determining whether a family receives family preservation services, other home-based services and/or continued monitoring by a protective services unit. Other factors include the availability of services, worker perceptions of the quality of these services, the likelihood that longer-term services will eventually be needed, and the ability of alternative services programs to provide concrete assistance to meet urgent needs (e.g., make a rent payment to avoid eviction). Examples of statements made by workers and supervisors in various sites regarding referral decisions include the following:

- "There is more flexibility in getting a family accepted for family preservation than in other services. We don't need to substantiate the maltreatment the way we would if it were referred to ongoing protective services."
- "Family preservation programs have access to flexible funds that we don't have in the agency. If a family needs a rental payment or furniture, the family preservation program can help them with it."
- "The same private provider has a family preservation program and a less intensive but longer term family-centered services program. Availability of space in either program is one factor. Also, if a family is viewed as having chronic problems that are unlikely to be resolved in a few weeks, then we don't want to have to transfer them to the family-centered service program. We may just as well start them with those services."
- "The family preservation program is very difficult to access. They're usually full and waiting lists aren't kept. I don't like having to call every day to see if they have an opening."
- "It depends on which of the private providers has an opening when I need it. If its the one that I think does good work, I'll refer the case."

When cases are referred to it, the family preservation program may refuse those that do not meet its criteria, including the criteria for imminent risk. However, the extent of screening done by family preservation programs varies. Homebuilders, in Tacoma, Washington, appears to have the strongest and most consistent mechanisms in place for

determining imminent risk. Workers referring a family for service call Homebuilders to determine if there is an opening. Waiting lists for service are not maintained, since Homebuilders believes that if a family is truly at risk of imminent placement, some other action must be taken immediately if they cannot respond to the request. When there is an opening, the referring worker is asked about the nature of the problem, whether or not less intensive services have been provided, the reasons other services would not be appropriate, and if he or she has already informed the family that the child will be removed if services are not available. The answers provided to these questions may suggest that it is unlikely that placement is imminent. Despite efforts to screen out cases where children are not at imminent risk, staff acknowledge that ultimately they must accept a case when a worker insists that otherwise they will place the child in foster care.

2. Other Criteria

At the worker level, criteria other than imminent risk of placement are informally applied. As noted in the previous exhibit, numerous factors may be considered by workers in determining whether or not to refer a family for family preservation services or whether to place a child in foster care. Apart from other criteria specifically mandated by their respective agencies, workers do not generally identify specific criteria that they routinely apply. Instead, they speak of making case-by-case decisions emphasizing a family's motivation to change and a belief that problems can be addressed through short-term services as key factors in their decision-making process.

D. Summary

Policymakers' expectations that family preservation programs will only serve families at risk of imminent placement are not being met. Program managers are generally aware of this, and some have been exploring ways to remedy the problem. Others believe that it is not a realistic criteria or one that can be readily operationalized and monitored. Among the workers with whom we spoke, some are aware of program criteria and generally try to follow them, but others acknowledge that at times they ignore imminent risk criteria and refer less serious cases. They see their mission as finding the best services that they can for the families they serve. For other workers, concerns regarding family motivation to change may result in their "erring on the safe side" and placing children in foster care rather than risk an unsuccessful referral. Still other workers seemed less aware of the imminent risk criteria or of the implications of not adhering to it.

Although actions taken by workers are understandable, the lack of an operational definition for risk of imminent placement and the inconsistent manner in which existing definitions are applied raises serious questions for conducting an outcome evaluation of family preservation programs based on measures of foster care avoidance. It is simply not plausible for foster care placement rates to decline for a population that was never at risk for placement. This does not mean that family preservation programs are unevaluable; however, a modification in program operations would be required to evaluate reduction in foster care placement.

CHAPTER VI

DEFINING FAMILY PRESERVATION PROGRAMS

There is no single, uniformly accepted definition of a family preservation program. Each state or county currently operating a program that provides some form of home-based services in lieu of foster care placement is likely to label it a family preservation program.

This analysis of the program characteristics associated with family preservation is not intended to identify or impose a formal definition of family preservation. However, in order to evaluate family preservation programs, the nature of the treatment intervention must be clearly defined and carried out in a consistent manner. The family preservation program parameters set forth in this chapter are only expected to guide the selection of a set programs that can realistically be compared in a future national evaluation.

The following discussion provides a brief overview of policymakers' understanding of family preservation program characteristics. It also describes in greater detail the actual characteristics of the programs examined through telephone discussions and site visits, as well as the consistency between program descriptions provided by managers and program staff.

A. Policymakers

Homebuilders, developed by Behavioral Sciences Institute in Tacoma, Washington, in 1974, is the earliest and perhaps the most publicized family preservation model. When policymakers' were asked to describe what they meant by family preservation, they either cited Homebuilders by name or described key features of the Homebuilders model. In particular, they noted the following characteristics:

- **Caseload size:** Workers serve very few families (two to four families at one time).
- **Duration of services:** Services are time-limited and provided for only a few weeks (four to eight weeks).
- **Intensity of services:** Several hours of service are provided in the home per week (from a minimum of five hours to as many as 20 hours per week).
- **Hours of service:** Services are available to families 24 hours a day, seven days a week. Visits are scheduled to meet the needs of a family (e.g., in the evening if parents work), and workers can be contacted at any time if the family needs their help.

Some policymakers also cited other characteristics associated with family preservation programs. These include:

- **Philosophy of working with families:** Child protective services traditionally operates from a "deficit" perspective of families. The focus is on parental inadequacies and the ways in which they are not properly caring for their children. In contrast, family preservation programs stress family strengths and capacities for growth. They seek to involve the families in setting goals and service plans and empower families to take control of their lives.
- **Availability of flexible funding:** Many family preservation programs have funds available to immediately address the concrete needs of families for food, clothing or shelter.

Although policymakers were aware that not all family preservation programs had identical characteristics, they seemed less aware of the range of programs which have adopted the label of family preservation and uncertain of the implications this might have for the passage of new legislation, the direction of new program development, and the systematic evaluation of programs.

B. Program Managers

Child welfare administrators show a detailed understanding of the Homebuilders model as well as the model that was operating in their state or county. Some believe strongly that models based on Homebuilders are the only "true" family preservation program, while others

consider a range of models to be viable and want to have a range of programs that provide home-based services for their families. In general, child welfare directors are proponents of whatever model or models operate in their state.

C. Program Staff

Exhibit 6-1 identifies the key characteristics of the family preservation programs described by program managers either in telephone discussions or in person. Although we purposefully selected sites to provide some diversity in program models, programs that did not appear to place at least some limitations on caseload size and duration of services or that provided largely office-based services were not included in the review. The following discussion describes the program variables, the differences across program sites, and the implications of these differences in defining the treatment intervention and in evaluating program outcomes.

1. Year of Program Implementation

While Homebuilders in Washington was first established in 1974, and Oregon's program has been in operation since 1980, the majority of programs examined have been in operation less than five years. Many started as demonstrations in one or two counties and have more recently expanded to other parts of the state. Since programs need to mature and develop a consistent pattern of service delivery before conducting a useful outcome evaluation, it may be inappropriate to evaluate some of the recently designed programs.

Exhibit 6-1: Description of Family Preservation Program Models

| | California | Illinois | Allamakee County, Iowa | Montgomery County, Maryland | Wayne County, Michigan |
|--|---|--|--|---|---|
| Year of Implementation | 1985 | 1987 | 1987 | 1986 | 1988 |
| Degree of implementation (e.g., statewide, one county, etc.) | In 13 counties. | Statewide | Statewide | Statewide | In most counties. |
| Auspices (public C.W. agency), private provider, multiple providers. | County provider & private provider | State and private provider. | Single Private Agency in county; multiple private agencies statewide | County agency | Multiple private agencies |
| Caseload size per worker | Maximum of 3 families | 4-6 families | 2-4 families; two staff assigned to each case. | 6 families per team | 2-3 families |
| # of workers/total # of cases served per year | Unknown | 3,725 families served in 1992 | 1,129 families completed in 1991; | 84 families per year | 1500 referrals; 500 cases completed from 1/92-6/92. |
| Duration of service | 90 days; possible to extend as long as necessary. | 90 days; possible for two 30 day extensions. | 4-6 weeks; average is 45 days. | 12 weeks | 4 weeks; can be extended up to 6 if necessary. |
| Intensity of service (hrs per wk.) | Unknown | Averages 6 hrs (no minimum) | Minimum 8-10 hrs per family | Minimum 15 hours per family | Minimum 15 hours per family |
| Availability of flexible funding | Limit is set at the county level. | \$500 maximum per family. | Avg. \$140 per family; no limit. | \$700 maximum per family | No maximum Varies by provider. |
| Referral sources | CPS workers, probation, foster care workers. | CPS workers, court ordered placement. | CPS, court-ordered. | CPS workers | CPS, foster care workers, juvenile courts. |
| 24-hour accessibility | Available 24 hours | Available 24 hours | Available 24 hours. | Workers are encouraged but not required to provide home telephone numbers; otherwise there is an emergency # families can call. | Available 24 hours. |

| | Minnesota | Missouri | Essex Co., New Jersey | New York | Oregon |
|--|-----------------------------------|---|--|---|--|
| Year of Implementation | 1990 | 1988 | 1987 | 1988 | 1980 |
| Degree of implementation (e.g., statewide, one county etc.) | 32 Counties | Statewide | 14 counties; state-wide by 7/93. | 11 counties | Statewide |
| Auspices (public C.W. agency), private provider, multiple providers. | Private provider | State administered; served by state staff or private providers. | State provider (Department of Youth and Family Services) | Private provider; some cases county provided. | Private provider or state provider |
| Caseload size per worker | 2-3 families | 2 families | 2 families | 2 families | 11 families |
| # of workers/total # of cases served per year | 448 families | 115 workers served 892 families in 1992. | 6 workers, 1 supervisor 85 cases. | 1,818 families | 3,200 families |
| Duration of service | 4-6 weeks | 4-6 weeks | 4-6 weeks | 4-6 weeks; 4-8 in New York City. | 3-4 months |
| Intensity of service (hrs per week) | Minimum 8-10 hours per family. | Minimum 8-10 hours per family. | Minimum 8-10 hours per family. | Minimum 8-10 hours per family. | Minimum 1-2 hours per family. |
| Availability of flexible funding | \$300 maximum per family | Averages \$300 per family | \$400 maximum | Available; limit set by provider. | Not available |
| Referral sources | CPS (at the county level.) | CPS, juvenile courts, mental health. | CPS, DMH, foster care, juvenile courts, family courts. | DSS | CPS, foster care, juvenile justice. |
| 24-hour accessibility | Available 24 hours. | Available 24 hours. | Available 24 hours. | Available 24 hours. | Not available 24 hours. |

| | Tennessee | Texas | Utah | Tacoma, Washington |
|--|---|---|--|---|
| Year of Implementation | 1989 | 1984 | 1982 | 1974 |
| Degree of implementation (e.g., statewide, one county, selected counties). | Statewide | Located in four regions: Ft. Worth, Dallas, San Antonio, and Houston. | 5 counties | Statewide |
| Auspices (public C.W. agency), private provider, multiple providers. | Contracted to public (community mental health centers) and private not-for- profit providers. | State provider | State provider | Single private provider |
| Caseload size per worker | 2(18 per year) | 5-8 families | 2-6 families | 2 families |
| # of workers/total # of cases per year | 146 specialists, 26 supervisors; 2,610 cases in 1992 | 30 staff, 250 families. | 358 families in 1991 | 360 families in 1991. |
| Duration of service | 4-6 weeks | 3-8 months | Averages more than 60 days | 4 weeks; can be extended up to 6 weeks, if necessary. |
| Intensity of service (hrs per week) | Minimum 8-10 hrs per family | Minimum of 2 hours per family | Minimum of 8-10 hours per family | Minimum of 8-10 hours per family. |
| Availability of flexible funding | \$250 maximum | \$200 maximum | \$500 maximum | Averages \$35 per family; no maximum. |
| Referral sources | CPS, Dept. of Youth Correction, Dept. of Mental Health, juvenile courts | CPS workers | CPS, DYS, DMH, foster care and probation officers. | CPS, family reconciliation services. |
| 24-hour accessibility | Workers are encouraged but not required to provide home telephone numbers. Little work on weekends or nights. | Available 24 hours. | Available 24 hours. | Available 24 hours. |

2. Degree of Implementation

While some programs are operating in virtually all counties in their state, others are operating in only select counties. Also, the models employed in different counties may vary a good deal. Both California and Illinois passed legislation calling for programs in all counties, but they have allowed each county considerable latitude in developing its own model. In contrast, both Michigan and New York have mandated that counties develop programs consistent with the Homebuilders model. Behavioral Sciences Institute has provided training to staff from these states as well as others interested in the Homebuilders model. Minnesota has also developed a statewide program modelled after Homebuilders; however, Hennepin County has several other county-funded family preservation programs that employ different models of family preservation. Iowa has had a strong tradition of providing family-centered, home-based services that were less intensive but of longer duration than the Homebuilders model. More recently, they have developed a model similar to Homebuilders.

3. Auspices

The use of private versus public agencies to operate a family preservation program may have serious implications for operations. Private agencies have greater flexibility in hiring and training staff and adhering to caseload limits; however, the purchase of family preservation services through multiple private agencies may affect the quality and consistency with which family preservation services are delivered.

As previously noted, child protective services staff often have strong views about the quality of service of different providers or favor those whose service philosophy is perceived to be consistent with their own. Such points of view may be based on worker experiences with other types of service programs operated by an agency and may or may not be relevant

to their operation of a family preservation program; however, these impressions are likely to have a serious impact on referral practices and patterns.

It is also important to note that there is often considerable resentment between private and public agency staff. In Michigan, workers' unions were strongly opposed to privatizing the family preservation programs and initially urged workers not to refer families to the programs. Although this problem appears to be resolved, it is another factor that may affect the referral process.

Operating family preservation programs within a public agency may pose other problems. For example, it may be more difficult to get staff to work the flexible hours required of family preservation program staff. In Michigan, the programs were originally going to be established within public agencies, but refusal of staff to provide 24-hour services to families resulted in the programs being developed through the private sector. In another state, although the program model called for 24-hour access to services, families were given a number to call in an emergency, but could not access their own worker.

Another problem that occurs when public agencies directly provide the service is that it is often more difficult to adhere to the program model. Cutbacks in child protective services staff or other crises within the agency may result in family preservation staff having to pitch in to provide other services. In Montgomery County, Maryland, staff acknowledge that this happened at one time in their program, but has since been resolved.

This is not to suggest that one approach is clearly better than the other. It is intended to identify the potential differences that may arise across programs depending on whether they are under public or private auspices. These differences should be further explored in future evaluations.

4. Caseload Size and Service Intensity

The Homebuilders program limits caseloads to two families per worker. The limitation was designed to ensure that workers could provide 10-20 hours of service per week to a family. Although many of the programs that follow the Homebuilders model have also limited caseloads to two or three cases per worker, other family preservation programs have increased the average caseload. In Texas, caseloads range from five to eight families, and in Oregon the caseload size is eleven families. Still other programs assign more than one worker to a case. Maryland's Intensive Family Services program has developed case teams comprised of a social worker and a case aide, who together serve approximately six cases. Iowa also assigns two workers to a case, but workers carry a maximum of four cases. In California and Illinois, caseload sizes may vary by county or program provider.

Differences in caseload size may affect other aspects of the family preservation program. Clearly, the same level of service intensity cannot be provided if more than two families are served. One of the fundamental expectations for family preservation programs is that child safety is ensured through the extensive number of hours spent with a family. If fewer hours are spent with families, there are implications for either the types of cases which can be served (i.e., those in which child safety is not an issue) or the program's ability to ensure safety.

Discussions with family preservation staff suggest that limited caseloads and intensity of services are critical elements for reasons other than child safety. Many of the families served have had unsuccessful experiences with other service programs. Although a family may have voluntarily agreed to accept family preservation services, they may not be strongly motivated to work with the program. The flexibility and intensity of services provided may

be an essential factor in establishing rapport with families and helping to encourage the motivation necessary to bring about change.

5. Duration of Services

The length of services provided at the four programs visited ranged from four to 12 weeks. Family preservation program staff at all sites believed they provided services for too short a period of time. Although workers' desires to continue to help the families they serve is admirable, the fact that workers providing four weeks of service and those providing 12 weeks of service all wanted to extend services underscores the difficulty in determining the optimal length of service.

At present, there is no conclusive research that programs which serve families for a longer duration have better outcomes. Clearly, there are major cost implications associated with duration of services. In general, those programs that serve families for a longer period of time also have larger caseloads and thus, a lower level of service intensity, often visiting families only once per week. Therefore, it is difficult to differentiate the effects associated with intensity from those associated with duration.

From the standpoint of a future evaluation, it is important to focus on a single service delivery model (high intensity/short duration). When outcomes of this model are fully understood, hypotheses concerning alternative ratios of duration and intensity should be developed and tested.

Although some program managers and researchers with whom we spoke propose that a national evaluation should simultaneously test alternative models, such an approach is likely to be costly and complex.

6. Twenty-Four Hour Availability

In Homebuilders, workers provide families with their home telephone numbers and encourage them to call at any time they need help. Furthermore, visits with families are to be scheduled at times convenient to the family (e.g., evenings or weekends if a parent works). Supervisors review worker time sheets and may raise questions if consistently, there are no non-traditional working hours shown. Michigan also provides 24-hour access to services. A recent evaluation noted that workers averaged nine hours of work per week during non-traditional working hours.²

Replicating this aspect of the program has proved particularly difficult. As previously noted, public agencies may not be able to get their employees to agree to this approach, and even private agencies may have some difficulty recruiting staff who are willing to be on call day or night. As a result, implementation of this aspect of the original family preservation model is somewhat inconsistent. For example, workers may not provide families with their telephone numbers or may limit the extent to which they will visit families during non-traditional working hours. Some programs provide families with a telephone number that they may call in emergencies. But this method does not necessarily provide families direct access to their worker. There is considerable debate about whether such approaches are consistent with the philosophies that underlie family preservation programs.

On the other hand, workers at sites that provide 24-hour access say they do not mind this job requirement. They note that families are generally quite respectful and do not call them at odd hours over trivial matters. They also say that when families do call, they usually have a problem that the worker can help them with over the telephone. While they

²University Associates, Evaluation of Michigan's Families First Program: Summary Report. Lansing, MI. 1993.

acknowledge sometimes making emergency visits late at night, such instances were rare. One factor that workers noted as important to their being able to provide 24-hour access was the strong support they received from supervisors and management. They noted that there were several people they could call to accompany them on a late night visit or to go in their place if personal circumstances precluded them from doing so.

The diversity in program characteristics and worker attitudes toward the issue of 24-hour availability of family preservation programs warrants further attention. Program evaluations should document the actual availability of workers and assess how their availability affected family outcomes.

7. Flexible Funding

Child welfare administrators and family preservation program staff note two reasons for the importance of flexible funding:

- **To immediately respond to concrete needs of the family.** Staff note that it is difficult to work with families on "softer" problems, such as parenting skills or household management, when they are worried about how they are going to feed their children or if they will be evicted because they cannot pay their rent.
- **To have an effective tool to aid them in engaging families who are suspicious of the program.** Workers note that the ability to fill some immediate need of a family or make a positive gesture by buying a bag of groceries, diapers, or a toy for a child can be a major factor in establishing rapport with a family and having them view the worker as more responsive to their needs than child protective services personnel or other social workers.

As noted in Exhibit 6-1, the levels of funding available and the amounts actually used varied extensively across program sites. In some programs, funds were used largely to engage clients. As such, a small amount of money (e.g., less than \$50) was spent in most cases. Other programs, however, might spend several hundred dollars to make a rental payment, pay a security deposit, or buy furniture. Some of the programs that have the money

for more expensive purchases first try all other possible sources before using the emergency funds; others almost always spend the amount of money allotted per family.

Since these funds are a potentially costly aspect of the program, the question of the relationship between flexible funding and program outcomes is of interest to policymakers and program managers. There is, however, another important reason to examine the effect of flexible funding more carefully. The availability of flexible funding is likely to affect the nature of the cases referred for services.

In Washington, limited flexible funds are available to family preservation workers (\$35 per family). Furthermore, child protective services staff have access to a limited fund that can provide larger payments in emergencies. Consequently, child protective services workers seldom refer cases to Homebuilders to resolve problems stemming largely from financial need. In contrast, in both Maryland and Michigan, where payments can average several hundred dollars per family, child protective services staff note that the availability of funding often is a key reason for referring a family for family preservation services. Thus, the availability of flexible funding not only affects the nature of the services delivered, but also worker decisions to refer cases for services in the first place.

8. Referral Sources

Although this study focused on cases referred to family preservation programs from child protective services, other sources may refer cases to family preservation as well. These include:

- **Foster care units.** In many states, family preservation programs are used for reunification as well foster care prevention;
- **Juvenile services.** In some states, child protective services also works with status offenders and older youth who are in conflict with their parents; in others, child protective services focuses exclusively on cases of abuse and

neglect. In addition, there may be a separate agency that serves delinquent youth. Family preservation programs may accept referrals from this agency as well.

- **Mental health.** Departments of mental health also refer cases to family preservation programs in some states. Typically, these are cases involving an adolescent with an emotional or behavioral problem and parents unable to cope with the child.
- **Family and juvenile courts.** In some instances, court referrals may be made for cases involving older children or adolescents not otherwise known to child protective services; however, in other instances, courts may order the provision of family preservation services in lieu of an agency recommendation for placement or other family-based services. Some child welfare agencies express concern that court orders for family preservation services are contrary to the philosophy that family preservation services are intended to be voluntary. They consider it a likely waste of resources to force a family to accept these services.

The greater the number and type of agencies that can directly refer cases to a family preservation program, the more diverse the problems facing the population served. Any future evaluation effort must include an examination of the relationship of the family preservation program to the various referring agencies, the proportion of cases served from each referring agency, and the implications of multiple referral sources on reductions in foster care placement rates.

D. Summary

Family preservation programs as implemented in a number of jurisdictions suggest that "family preservation" programs encompass a broader array of family-based service programs than policymakers assume. While most policymakers defined family preservation in terms similar to that of the Homebuilders program in Tacoma, Washington, the models employed in some jurisdictions do not necessarily provide the same intensity of service or flexible hours. However, there are enough programs providing treatment interventions similar to the

Homebuilders model to permit an evaluation encompassing multiple sites. Evaluation of alternative treatment interventions should be undertaken at a later time.

In most instances, the descriptions of the family preservation program provided by the program managers at the sites we visited was consistent with those obtained from program staff. However, some exceptions were noted, particularly with regard to worker availability to families. Staff do not always offer as much flexibility in scheduling visits on evenings and weekends as program managers indicate nor do they necessarily provide families with a means of reaching them in times of crisis. Differences were also noted in the level of flexible funds used to address emergency, concrete needs of families. Actual implementation of these dimensions of the treatment model should be carefully examined during evaluations.

CHAPTER VII

IMPLICATIONS FOR FUTURE EVALUATIONS

In the preceding chapter, consistency among stakeholders in defining and instituting family preservation programs along the following four dimensions was explored: program goals, program context, target population, and treatment intervention.

Although problems that have implications for future evaluations were noted in each area, they are not insurmountable. To further determine the feasibility of conducting a useful evaluation, three other issues were explored in this study, namely:

- Could existing program operations be modified to achieve the consistency necessary for a useful outcome evaluation?
- Would program sites be willing to employ a design that called for random assignment of families to a treatment or comparison group?
- What is the availability and accessibility of the data needed to describe the services costs and outcomes associated with family preservation programs and other components of the child welfare system?

Each of these issues is discussed in further detail below.

A. Modifying Current Program Operations

1. Treatment Intervention

Although much has been said about current family preservation programs representing numerous, undifferentiated service interventions, our findings suggest that this is not entirely so. Although some programs that call themselves family preservation employ treatment interventions that vary markedly from the key features of family preservation described by policymakers, many of the existing programs we examined are directly based on the Homebuilders model or have similar characteristics with regard to the flexibility, intensity, and

duration of services. All are based on a philosophy that stresses family strengths and involves families in defining their service goals. All provide a mixture of concrete services and counseling. Almost all programs have flexible funds available to meet emergency needs. In short, an evaluation conducted in sites that have these characteristics can explore family outcomes associated with similar interventions.

The more difficult issue concerns the consistency with which family preservation staff deliver the intended services -- particularly in terms of the provision of services during non-traditional working hours and the use of flexible funds. A preliminary examination of this issue during our site visits suggests that most, but not all, of the sites visited have sufficient supervisory and quality assurance procedures in effect to presume consistency in the delivery of the treatment intervention. However, any evaluation conducted should continue to monitor the nature of the treatment intervention and periodically assess whether program operations remain consistent with the Homebuilders-like model.

2. Defining Imminent Risk

The most critical issue in establishing a future evaluation framework is limiting access to family preservation services to families at risk of imminent foster care placement. Previous evaluations have identified low foster care placement rates for both treatment and control groups, suggesting that most cases referred to family preservation were not likely to involve foster care placement.

Under current operating conditions, there is little guarantee that families receiving family preservation services are consistently at risk of imminent placement. However, child welfare managers express a growing awareness of the problem, and some indicated that they

would be willing to alter their procedures to ensure selection of imminent risk cases for family preservation services.

Currently, there is a proposal to conduct an evaluation in Wayne County, Michigan that has the potential to resolve the problem of defining imminent risk. Only cases in which courts have approved a petition for foster care placement would be included in the study. After court approval, cases would be randomly assigned to a treatment or comparison group. In New York City, an evaluation was planned that required the child welfare agency's legal counsel to certify that the case met the standards for requesting court-ordered placement before a referral for family preservation services could be made. These examples suggest that there is now a willingness in at least some locations to devise strategies for ensuring that children in families receiving family preservation services are at risk of imminent placement.

We must note, however, that child protective services staff were less than enthusiastic about such approaches. This is quite understandable, since any process for reviewing whether a case is at risk of imminent placement diminishes the decision-making authority of the worker. In addition, evaluators of family preservation programs with whom we spoke expressed concern about potential "worker sabotage" of an evaluation design that limited their decision-making authority. Nevertheless, with the support of management it should be possible to develop an approach that minimizes worker opposition to an evaluation or at least ensures compliance with the study protocol.

B. Employing a Random Assignment Model

Much of the criticism of early efforts to evaluate family preservation programs centered on the lack of comparative data for a similar population that did not receive family preservation services. Instead, most studies focused on tracking families who received family

preservation services for a specified period of time (typically one year) and determining the percentage of children who were placed in foster care during that period. Although such studies have shown low rates of foster care placement for families who received family preservation services, the question of whether or not the lack of placement could be attributed to the intervention of the family preservation program remained unanswered.

Traditionally, evaluation designs address the question of attributing observed outcomes to the treatment intervention by establishing a control or comparison group. Ideally, an experimental design is employed under which families are randomly assigned to a treatment or a control group. When this is not feasible, comparison groups comprised of families who are presumed to have the same characteristics as those receiving the treatment intervention are used.

The use of a random assignment model for evaluating family preservation programs has met with considerable resistance, as it does in evaluating most human services programs. The following reasons most often expressed by program managers and staff for not employing such a design are:

- Human services programs should serve all families in need of the service and the belief that it is unethical to deny services simply for the purposes of an experiment.
- Child welfare agencies have a legal obligation to protect the safety and well-being of children. In some instances, the risks to a child may be too great to allow him to remain at home while family preservation services are provided. Moreover, the risks to a child placed in a true control group (i.e., receiving no services) are also too great.
- Decisions regarding services should be left to workers. They are best able to determine which families would benefit from the service and which would not. The overwhelming difficulties facing workers trying to serve child and families in the current child welfare system precludes the luxury of experimentation. Further restrictions on a worker's options in trying to serve families would be untenable. Worker resistance to any experiment which limits their decision-making authority would be considerable.

Despite these longstanding opinions of many child welfare staff, recently more studies have been conducted that employed experimental designs.³ Although these studies encountered numerous difficulties, they did demonstrate that it is feasible to garner the support necessary to use an evaluation design employing random assignment. The key problems noted during these evaluations were:

- In Illinois, workers were notified when families were placed in the comparison group. In some instances, services were provided to these families that were virtually identical to those provided to families in the treatment group.
- In Illinois, some cases were reassigned by the agency or courts after the random assignment was made.
- In New Jersey, referring workers became reluctant to refer cases to the family preservation program for fear that they would be assigned to the control group.
- In California, the random assignment evaluation design was implemented in the third and final year of the family preservation demonstration program. Due to uncertainty about future funding, there was high staff turnover during the evaluation period. Furthermore, the need to double the number of referrals received from child protective services in order to have a sufficient number of families to form a control group may have altered the referral practices of the child protective services agencies.

A future evaluation of family preservation programs will benefit from the lessons learned in these studies. Steps can be taken to minimize the likelihood of their occurrence.

In discussing evaluation design issues with program managers and staff, three mechanisms for establishing a comparison group were explored: (1) a random assignment model; (2) an overflow model in which cases that were referred for family preservation services but not served because the program had no vacancies form the control group; and (3) the use of another county with comparable characteristics to the test county but which had no family preservation program.

³See the following references in Appendix A: Feldman, L., Peter H. Rossi, John Schuerman, and Ying-Ying Yuan.

Of these options, none of the managers with whom we spoke considered the third option -- selection of a comparison county -- viable. They noted that family preservation programs were now available in most counties in their state and the counties that did not have such programs were unlikely to have characteristics comparable to those that provide family preservation services.

All sites were willing to consider an overflow model; however, not all were certain that there would be a sufficient overflow of cases to establish a control group. In New York City, an evaluation of the family preservation program based on an overflow model had been planned; however, it was derailed when the number of referrals for family preservation services were insufficient to create enough overflow.

Under a random assignment model, cases would be assigned to the treatment or control group (which could receive all other available services) on an ongoing basis, thus avoiding the need for an overflow of referrals. Three of the four child welfare directors with whom spoke on site visits would consider the use of a random assignment model, although staff was less supportive of this approach. Child welfare directors have a growing sense of the importance of using random assignment and believe that with some effort it would be possible to convince staff of the efficacy of this approach.

C. Data Availability

During each site visit, a small sample of child welfare agency and the family preservation program case records were reviewed. Both foster care and ongoing protective service records were reviewed at the child welfare agency. In addition, the availability of data on automated child welfare information systems was explored. Data elements examined include the following:

- **Characteristics of families in the target population.** Prior history of maltreatment; prior foster care placements; demographic characteristics; nature of the primary problem (e.g., neglect, physical abuse); and other presenting problems, such as substance abuse or homelessness.
- **Characteristics of the treatment intervention.** The duration of services, types of services, number of in-person visits and hours per visit, number of telephone contacts, linkages to other service providers, number of hours of service during non-traditional working hours, case plan goals, and achievement of case plan goals.
- **Program outcomes.** Foster care placements, new allegations of abuse and neglect, runaway episodes, truancy, teen pregnancy, immunization of children, indicators of child development, indicators of improved parenting skills, and indicators of reduced social isolation.

The availability of data in each of these areas by data source is briefly described below.

1. Automated Data Systems

Automated data systems in all states studied can provide information on the demographic characteristics of the families served by child welfare agencies, the basic type of treatment intervention (e.g., ongoing protective, foster care), and the type of maltreatment. In some states there are sufficient linkages between child welfare and some other services programs that it would be possible to identify the receipt of other services, such as AFDC, Medicaid, Food Stamps, WIC, and social services provided by private agencies.

Automated data systems, however, do not provide sufficient information on family presenting problems or on the specific types and amounts of direct services provided to recipient families. Thus, information systems cannot be used to provide a detailed description of the target population or the treatment intervention.

For the purposes of a national family preservation evaluation, an automated child welfare system can provide follow-up data on subsequent allegations of abuse and neglect and foster care placements. Systems data on these variables should be accurate and relatively easy to access. These data will be limited to formal placements made by the child

welfare agency and may not include informal arrangements with relatives to care for a child or a parental decision to place a child in a private treatment facility or boarding school for those families in either the treatment and comparison group.

Although we did not explore automated data systems in other public agencies (e.g., juvenile justice, education), there may be additional data on other outcome measures that can be accessed through these sources. The issues of confidentiality and the availability of accurate identifying information (e.g., social security number) across all databases would need to be explored on a site-by-site basis.

2. Family Preservation Program Case Records

Case records in family preservation programs were generally detailed and complete. Detailed information on the characteristics of all family members are available, as is information on the nature of the child maltreatment and other presenting problems known to the referring agency or the family preservation worker.

All family preservation programs we visited consistently maintained records on the duration of services, any emergency funds expended to meet concrete family needs, and the number of hours of services per week provided to families. Typically, breakdowns are available on hours spent in the home of the family, on the telephone with the family, in collateral contacts with other service providers, and on case paperwork. In addition, information on case plan goals and progress toward meeting the goals is available in narrative form. Families First, the program in Michigan uses the forms developed by Homebuilders for identifying goals and monitoring progress, while Iowa and Maryland have their own record-keeping formats. Summaries of the status of the case at termination are available and contain information on recommended follow-up efforts. While improvements in family functioning,

parenting skills, or child behavior may be noted, there are no standardized assessment scales used across sites that identify change in family functioning.

3. Child Welfare Case Records

Records of children in foster care and those receiving ongoing protective services contain detailed information on the demographic characteristics of the child(ren) who are the subjects of an allegation and the caretaker. Typically, there is information on other family or household members, but this is somewhat inconsistent. Prior history with the child welfare agency, including prior allegations of abuse and neglect and foster care placements, typically are included in a single case record, although staff acknowledge that this is not always so. A new case may be established when the agency is unaware that the family had previously been served.

Data on services provided is considerably more limited than that available in family preservation case records. Typically, there are worker notations on visits or calls to a family, but the consistency of such documentation is questionable. Also, the length of time spent per visit is unknown. Agencies vary on the use of forms to identify case plan goals or track progress toward goals. Such information often exists somewhere in the case record, but locating relevant information is often difficult. Unlike family preservation cases, which receive services for a short period of time and are likely to be served by only one worker, child protective services and foster care cases may contain files covering a number of years and include documentation from several different workers. Case notations and other documents may not be dated, and those that are dated may not appear in chronological order. As a result, there may be gaps in the records and it may be difficult to determine the events and

factors leading up to a decision to place a child or provide ongoing protective services. It may also be difficult to determine the type and intensity of services provided.

Outcome data on foster care placements and subsequent abuse and neglect allegations are contained in case records, but they could be obtained more efficiently from management information systems. Case record notations may contain information on changes in family functioning or child well-being, but such information would not be maintained in a structured or consistent format. Primary data collection efforts would be required to obtain this information.

4. Implications of Data Availability

Exhibit 7-1 provides a summary of data availability on families receiving family preservation services and families served by the child welfare system likely to form a comparison group in a future evaluation. As indicated in this exhibit, there are two major problem areas. The first concerns information on the treatment intervention. While detailed information about the treatment intervention is available for families receiving family preservation services, comparable information on services provided to families receiving ongoing protective services or for whom a placement occurred are not available. The lack of detailed information makes it difficult to compare treatment interventions and to understand what aspects of the family preservation program might be responsible for any observed changes.

This problem might be overcome within the framework of an evaluation design that would prospectively track cases assigned to a comparison group by creating some standardized documentation to be completed by workers serving these families. But given the existing burdens on child welfare agency staff, it is unlikely that an agency would expect its

Exhibit 7-1: Data Availability in Family Preservation and Child Protective Services Cases

| | Family Preservation | Protective Services Case Record | Child Welfare Information Systems |
|--|--|--|---|
| <u>Characteristics of the Target Population</u> | | | |
| • Demographic Characteristics of Children and Principle Caretaker(s) | Yes | Yes | Yes |
| • Demographic Characteristics of Other Family or Household Members | Yes | Sometimes | No |
| • Type of Abuse or Neglect Allegation | Yes | Yes | Yes |
| • Description of the Nature and Severity of the Allegation | Yes | Yes | No |
| • Other Presenting Problems | Yes | Yes | No |
| <u>Treatment Intervention</u> | | | |
| • Type of Treatment Intervention | Yes | Yes | Yes |
| • Number of Home Visits | Yes | Usually | No |
| • Duration of Home Visits/Hours of Face to Face Contact | Yes | No | No |
| • Subject/Nature of Home Visits, (i.e., What issues were discussed? What actions were agreed upon?) | Yes | Sometimes | No |
| • Case Plan Goals | Yes | Yes | No |
| • Frequency and Nature of Collateral Contacts (e.g., discussions with teachers, drug counselors, etc.) | Yes | Sometimes | No |
| • Use of other services (e.g., day care, drug treatment, homemakers) | Yes | Usually | Sometimes |
| <u>Case Outcomes</u> | | | |
| Foster Care Placements | Only if it occurs before inter- vention ends | Yes | Yes |
| Re-allegation of Child Abuse and Neglect | Only if it occurs before inter- vention ends | Yes | Yes |
| Improved Family Functioning | Qualitative information at time of case closure | Qualitative information at time of case closure | No |

workers to complete extensive data collection forms. Still, it might be possible to obtain uniform data on a few key variables.

The second issue concerns data on program outcomes. Although all stakeholders agree that improvement in family functioning and child well-being are the intended outcomes of the program, there are no routine, structured assessments of families or children at the start of an intervention (i.e., baseline information) or follow-up assessments. Therefore, new primary data collection activities would need to be undertaken to evaluate changes in family functioning and child well-being.

Any primary data collection effort will require cooperation from child welfare and family preservation program staff and most importantly from families, and is likely to be very costly compared to secondary data collection. There is a strong potential for a high non-response rate and the resulting non-response bias may impair the credibility of any findings in this area.

On a more positive note, detailed data on demographic characteristics and presenting problems exist in all of the data sources examined. The ability to use management information to obtain follow-up data on child abuse and neglect allegations and foster care placements simplifies collecting outcome data on these measures. Further exploration of other agency automated information systems also may disclose other quantifiable measures of child well-being (e.g., school attendance, juvenile arrests) that could be easily accessed if confidentiality issues can be resolved.

D. Summary

The information presented in this chapter bears on many of the issues that need to be addressed to make a national evaluation of family preservation programs feasible. These

findings suggest that some child welfare administrators **would consider** cooperating with an evaluation design that would:

- **Modify** existing procedures for referring cases to family preservation programs **to ensure that criteria for risk of imminent placement are met;** and
- **Employ** either random assignment of cases or establish a comparison group from an overflow of cases that were referred but could not be served due to limited resources.

Still, interest in and support of an evaluation predicated on an experimental design was not consistent among administrators. Even those who were supportive expressed concerns about staff resistance. This suggests that including existing programs in a national evaluation of family preservation programs would need to be carefully negotiated with participating sites. Furthermore, special efforts to mitigate staff resistance to the evaluation would be essential.

Existing case records and information systems can supply much of the data necessary to conduct an evaluation, but not all of it. Primary data collection efforts would be required to assess child well-being and family functioning and to obtain detailed information on the services provided to families in a comparison group. Such efforts are likely to be costly, and lack of cooperation by staff and families might result in significant non-response bias. Thus, inclusion of such measures should be limited and efforts to ensure cooperation between evaluators and evaluation participants at local program sites should be carefully planned and implemented.

CHAPTER VIII

CONCLUSIONS

The evaluability assessment of family preservation programs was intended to result in the development of an evaluation design that would provide findings useful to policymakers. This document discusses the evaluability assessment findings that formed the basis for the evaluation design. A summary of the key findings and an overview of the key features of the proposed evaluation design is provided below. A separate document, "Evaluation Design for Family Preservation Programs", was prepared in February, 1993. Readers are encouraged to **review this document** for a detailed discussion of the evaluation design.

A. Findings

Family preservation programs enjoy wide support from policymakers, child welfare directors, and program staff, but each of these groups of stakeholders have somewhat different views of program goals, the program's relationship to the child welfare system, the intended population to be served, and even the nature of the services provided. Delineating these differences and then resolving them is essential to future evaluation efforts.

Exhibit 8-1 provides a summary of the differences among stakeholders on key dimensions of family preservation programs and the implications of these differences **for a** future national evaluation. Critical to the design and implementation of future evaluation efforts are the following:

- Resolution of differences among stakeholders on the appropriate goals and related measures of program outcome.
- Under current operating conditions it is not plausible for programs to meet expectations of policymakers concerning reductions in foster care placement and related costs. Current operating practices regarding referrals of families for

Exhibit 8-1: Summary of Differences in Family Preservation Program Descriptions and Their Implications

| | Differences Among Stakeholders on Key Program Dimensions | | | Implications for Evaluation |
|--|---|---|---|--|
| | Policymakers | Program Managers | Program Staff | |
| Family Preservation Goals and Measures | Believe program improves family functioning and ensures child well-being and that such change will prevent foster care placement; Expect to see a reduction in foster care placements in the short-term and related reductions in child welfare expenditures. | Believe program can improve functioning and child well-being for families who may be at risk of placement in the short or long-term; Expect to see improved family functioning and eventually reduced foster care placements. | Believe program can improve child well-being and family functioning in cases where family is motivated to change; staff are aware of foster care reduction goals but do not necessarily make referrals consistent with these goals. | Need multiple indicators of program outcomes. Foster care avoidance and cost-effectiveness measures essential to address policymakers' expectations. Must address how staff operationalize program goals to ensure that reductions in foster care are plausible. |
| Program Context | Focus on rising reports of abuse and neglect, placements and costs. Lack of recognition of other factors affecting program outcomes. | Family preservation is one of many services needed to address problems confronting families; a range of other services are needed to support family preservation efforts. | Although most workers support family preservation programs, workers harbor some resentment toward the program that may affect referral practice. Also other experiences and beliefs of referring workers affect family preservation programs. | Contextual variables may explain differences in observed outcomes across program sites. Evaluations must document these factors. Suggestions have been made for broader evaluations of child welfare systems to explore a more complete range of contextual and programmatic factors. |
| Defining the Target Population: Imminent Risk Criteria | Believe that all families referred are at risk of imminent placement. | Aware of policymakers' expectations; Recognize that they are not met; Believe workers refer some cases at risk of imminent placement, but also refer cases that have characteristics that may eventually be at imminent risk. | Referral decisions are based on multiple factors that vary by individual workers. In addition to risk of placement, workers' beliefs about family motivation, program philosophy and available alternatives also affect decision-making. | This is the most critical issue to be addressed in future evaluations, in order to use foster care avoidance as an outcome measure. Procedures for ensuring that all cases referred during an evaluation are at risk of imminent placement must be established. |

| | Differences Among Stakeholders on Key Program Dimensions | | | Implications for Evaluation |
|--|--|---|--|--|
| | Policymakers | Program Managers | Program Staff | |
| Family Preservation Program Operations | <p>Expectations that most programs are similar to the Homebuilders model:</p> <ul style="list-style-type: none"> ● caseloads of 2-4 families ● 5-20 hours of services in-home per week ● services can be accessed 24 hours per day ● service intervention limited to four to eight weeks ● availability of flexible funds | <p>Program managers are familiar with Homebuilders model but also consider a wider range of home based service delivery programs to meet the definition of family preservation.</p> | <ul style="list-style-type: none"> ● Staff generally implement the model described in their state. ● Program variables which are least consistently implemented are: 24 hour a day access, and availability and use of flexible funding. | <p>Not all programs that define themselves as family preservation provide a similar enough service intervention to be grouped together for evaluation purposes. However, there are a large number of programs which are consistent with the Homebuilders model. A subset of these programs would be appropriate sites for a national evaluation.</p> |

family preservation services that do not meet criteria for risk of imminent placement must be modified for purposes of an evaluation.

- There are numerous contextual factors operating within the child welfare system that may affect the likelihood that family preservation programs will achieve their goals. These factors must be documented and examined during a subsequent evaluation in order to fully explain observed outcomes and differences across program sites.
- The range of issues and problems facing child welfare administrators is daunting. In addition to the proposed evaluation of family preservation programs, other research and evaluation efforts are needed to address such issues as worker decisionmaking and quality control, the rate of unnecessary foster care placements that currently occur, and the range of services needed to address the needs of children and families.
- There are a number of program models providing differing types of home-based services that are labeled as family preservation programs. Within this group there is a subset of programs consistent with the Homebuilders model of family preservation. A future national evaluation should initially be limited to this subset of programs. Eventually other home-based service delivery programs should be examined.

While those who fund family preservation programs consider their primary goal to be the prevention of unnecessary foster care placements, current family preservation programs vary substantially in their targeting of families at risk of imminent foster care placement. Previous evaluations of family preservation programs found the foster care placement rates for both the experimental and control groups were equally low, suggesting that the families studied did not have children at risk of imminent placement.⁴ The findings of this evaluability assessment support the conclusion that family preservation services are not consistently targeted at families at risk of imminent placement but instead may be provided to families at varying levels of risk. Thus, the primary goal intended by policymakers cannot be achieved.

⁴ Schuerman, John R., Littell, Julia H., and Tina L. Rzepnicki. Preliminary Results from the Illinois Family First Experiment. The Chapin Hall Center for Children at the University of Chicago. Chicago, Ill. 1991.

Yuan, Ying Ying T. Evaluation of AB 1562 In-Home Care Demonstration Projects. Volumes I and II., Walter R. McDonald and Associates, Inc., Sacramento, Ca. 1990.

The child welfare system in which family preservation programs operate is a "worker-driven" system. Risk of imminent placement is not operationally defined, and child protective services workers usually have considerable latitude in determining the appropriateness of making a referral for family preservation services or deciding upon other case actions. Workers may decide to refer cases to a family preservation program that are not at imminent risk of placement in order to secure services that would otherwise be unavailable. In other instances, a decision to refer a case for family preservation services may be made before it is clear that foster care placement was the only other viable option. Furthermore, there is relatively little control exerted by the system over the decisions of individual workers regarding referral for family preservation services. Thus, an evaluation design for family preservation programs must incorporate a mechanism for ensuring that the program is actually serving the intended target population (imminent risk families) if the effectiveness of the program is to be determined.

The issues raised regarding the decision-making process affect more than just the decisions concerning referrals to family preservation programs; rather, they affect the range of case actions taken by the child welfare agency to ensure the well-being of children. Similarly, the delivery of family preservation services takes place within the context of the larger child welfare system. While policymakers are aware of the multiplicity of problems facing child welfare directors, they do not appear to fully recognize that other factors may overwhelm the ability of family preservation programs to make broad-based changes in the way children and families are served and the outcomes that are achieved. As noted by child welfare directors, increasing reports of abuse and neglect, greater complexity in the problems facing families, a lack of trained professional staff, a lack of intensive home-based service delivery programs and a lack of adequate foster care resources also require further

examination. Although the proposed evaluation design developed under this study focuses on evaluating family preservation programs, there is a need to evaluate other aspects of the **child welfare system**. For example, there is a need to conduct further research into **decision-making** and quality control in the child welfare system. Other aspects of the infrastructure of the child welfare system deserve further analysis as well.

As a consequence of the findings about the child welfare system, the recommended evaluation design contains two components -- one for addressing the specific questions raised by policymakers concerning family preservation programs and one for examining child welfare system decision-making. The design for evaluating family preservation programs is discussed first, followed by an overview of the issues and a general approach for examining child welfare decision-making.

B. Recommended Evaluation Design Parameters

The proposed evaluation design is based on randomly assigned cases determined to be at risk of imminent placement by a judge, child welfare agency attorney, or senior program managers. The primary purpose is to measure reduction in foster care placements and related costs. An evaluation design for family preservation programs should contain the following key elements:

- increase the degree of certainty of imminent risk for cases in the study. Since child welfare systems do not routinely ensure that families referred for family preservation services are at risk of imminent placement in foster care, selected project sites for an evaluation must be willing to adjust their referral procedures during the evaluation period to achieve a greater degree of certainty regarding imminent placement. Possible procedures would include random assignment of cases after court approval of placement, a review by an agency legal department to determine if they would petition the court for placement, or a review by a senior management or expert panel to determine the appropriateness of the preliminary decision to seek placement. If appropriate modifications to the system cannot be made, the proposed evaluation should be terminated. Should this occur, policymakers will need to re-examine their

expectations regarding the ability of family preservation to reduce foster care placements and related expenditures.

- **Randomly** assign cases **to** treatment and control groups. Although problems with implementing a design based on random assignment of cases to either a treatment or control group have been noted by program managers, it is the approach most likely to address key questions concerning foster care avoidance and cost savings. If random assignment is not feasible, an overflow model might be an acceptable alternative for establishing a control group under certain conditions (e.g., the number of potential cases exceed program capacity, referral patterns are not influenced by knowledge of availability of program slots).
- **Ensure the evaluation does not compromise the safety of children.** Under a random assignment model, steps must be taken to ensure the safety of the children served. Therefore, child welfare agencies must be able to exempt cases from random assignment when the risk to the child's safety would be too great to allow the child to remain at home. This design would not preclude providing the usual child welfare services, including foster care placement, for children in the control group.
- **Select measures of program outcome that are consistent with policymakers' goals for the program.** Key measures of program outcome are the differences between the treatment and control groups on rates of foster care, the number of days in foster care, and the total costs associated with all services and/or placements. These outcomes should be monitored for a minimum of 18 months. Also, efforts should be made to gather data on types of placement settings and examine any differences, such as the rate of relative placements.

All stakeholders expressed an interest in examining other outcome measures relating to child and family functioning. Such measures must be an integral part of any future evaluation; however, identifying unbiased measures that are simple to administer may pose some problems. Wherever possible, measures that do not rely on subjective assessments of the child or family should be used. Recommended measures would focus on the child and may include subsequent allegations of abuse or neglect, truancy rates, runaway episodes, and measures of health status (e.g., immunizations).

One other key measure of family functioning that should be examined is a reduction in social isolation or improved linkages to other services.

- **A preliminary evaluation should limit the range of program models examined.** Although stakeholders did not always agree on the range of family preservation programs of interest to be included in the scope of a national evaluation, policymakers believe that these programs most closely resemble the family preservation program designed by the Behavioral Sciences Institute (BSI). While it ultimately would be useful to compare a wider variety of home-based service delivery models, an initial evaluation should focus on programs that are of

similar design and are consistent with the highly-intensive, short-term service delivery model developed by BSI.

Parameters for defining the scope of family preservation programs included in an initial evaluation consist of the following: caseload sizes no greater than four families per caseworker, services for a maximum of eight weeks, a minimum of five hours of service per week in the home or other community setting, and availability of services during evening and weekend hours.

- **Programs should not use additional case eligibility criteria during the evaluation.** Some programs have criteria for case acceptance that exclude cases that are not considered likely to benefit from services (e.g., caretakers with a substance abuse or mental health problem). Although it is understandable that programs may not want to expend limited family preservation resources on cases that they do not believe will benefit most from the service, presently there are no data on which to base such a decision. Therefore, for evaluation purposes, it is preferable to evaluate programs that have few eligibility restrictions beyond those concerning the risk of imminent placement. Subsequent analyses of outcomes for different subpopulations can then provide an objective basis for refining eligibility criteria.
- **Sample sizes should be of sufficient size to permit site-specific analyses with the statistical power desired by policymakers.** Given the degree of variability across sites, data should not be aggregated across program sites. However, if family preservation services at one site are available from more than one provider, it may be possible to aggregate the data across service providers if the outcomes appear similar. Required sample sizes should be determined by the minimum statistical power necessary to be acceptable to policymakers. For example, in order to detect a change in placement rates from 80 percent to 70 percent, using a five percent level of significance and assuming an attrition rate of ten percent, a sample size of 660 cases per site would be required.

A key component of the analysis should be to determine whether or not there are differences in the outcomes achieved for different subpopulations.

Evaluation designs that focus on the broader context of decision-making in a child welfare system are also needed. Two approaches that could be combined in a single study are feasible. First, in states with sophisticated computer systems that link data on child protective services investigations with referrals for home-based services and foster care placements with costs, analysis of aggregate statistical data could address questions concerning the role of formal criteria as well as demographic and other case characteristics in decisionmaking. The second approach involves a qualitative analysis of the decision-making

process based on extensive interviews with administrators and workers about the factors that are examined in determining whether or not a case is closed, referred for ongoing protective or preventive services, referred for family preservation, or placed in foster care. The focus of this analysis would be to determine not only formal criteria for decisionmaking but, more importantly, the informal criteria, belief systems, resources, program constraints, or external factors that play a role in determining case actions.

In conclusion, the evaluability assessment of family preservation programs identified some differences in stakeholders' expectations about the program as well as some inconsistencies in program implementation that need to be resolved in order to conduct a national evaluation of family preservation programs. The most critical issue to be addressed is ensuring that families referred to family preservation **programs** are at risk of imminent placement. A by-product of this study is a preliminary documentation of contextual factors within the child welfare system that affect family preservation programs and warrant further study.

APPENDIX A: BIBLIOGRAPHY

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